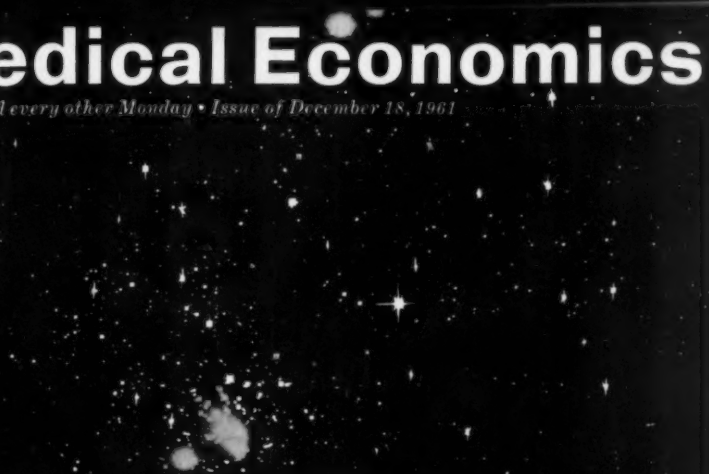
Medical Economics
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'YOU CAN SAVE FREE MEDICINE IN AMERICA

. . . we saved it in Australia'

How to manage health check-ups more efficiently

What Social Security might mean to you

'Consultants I can't stand'

XUM



he's on formula...

she's on TACE

(chlorotrianisene)

"...the most satisfactory drug for use at delivery in the suppression of lactation."[1]

In over 3,000 patients studied,[1-3] only 3 cases of refilling were reported.

Withdrawal bleeding rare,[1-3] since TACE, stored in body fat, is released gradually, even after therapy is discontinued.

Dosage: 4 capsules daily for 7 days.

Supply: Capsules containing 12 mg. TACE.

References: 1. Eichner, E., *et al.: Obst. & Gynec.* 6:511, 1955. 2. Bennet, E. T. and McCann, E. C.: *J. Maine M.A.* 45:225, 1954. 3. Nulsen, R. O., *et al.: Am. J. Obst. & Gynec.* 65:1048, 1953.

Brochure with full product information available on request.

THE WM. S. MERRELL COMPANY
Division of Richardson-Merrell Inc.
Cincinnati, Ohio • Weston, Ontario

Merrell

TRADEMARK: TACE®

What's ahead for you

Medical Economics, December 18, 1961

YOUR MALPRACTICE COVERAGE WILL BE BROADER as all carriers follow the big ones, who've just dropped certain exclusions. Among these are clauses excluding coverage when an implied guarantee of results is claimed. Also dropped are clauses that deny coverage if you've had a social drink at the time of the injury. All this softens the blow in 14 states where new rate rises average 23%; it enhances good news in seven where new rate cuts average 16%.

RECEIVED
MAR 1 8 1963
HEALTH CENTER LIBRARY

KENNEDY'S HEALTH BILL MAY BE MODIFIED but will pass in 1962, predicts its co-sponsor, Senator Anderson. Some conservative Republicans agree. One—Nebraska's Senator Carl Curtis—was asked if the bill would pass. "Yes," he said flatly.

YOU'LL BE ABLE TO BUY MORE H BONDS starting Jan. 1. The Treasury will let you buy up to $20,000 worth annually (the old limit was $10,000). One benefit: You can swap more of your E bonds for Hs if you hold Es with accumulated interest on which you've paid no tax. You'll pay yearly taxes on the H bonds' interest—but none on the E bonds' increased value until you cash in the H bonds.

GUARANTEED RENEWABLE HEALTH INSURANCE for people of all ages will be commonplace in 10

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XUH

years. So predicts W. G. Alpaugh Jr., president of Inter-Ocean Insurance. "About 95% of health insurance will be written that way," he says. Only 31% is now guaranteed renewable.

THAT FIGHT BETWEEN G.P.s AND SURGEONS won't be easy to settle when the A.M.A. trustees meet with the American College of Surgeons next month. The A.M.A. delegates—against the advice of one of their own reference committees—have voted 99 to 77 to censure the A.C.S. for (1) saying publicly that fees are still being split, and (2) claiming that half of all the surgery today is being done by unqualified men.

YOU MAY HAVE TO NET AN EXTRA $600 after taxes next year just to offset inflation. Here's why: If the U.S. budgetary deficit hits an expected $7 billion, the dollar may be cheapened by another 3 cents in '62.

A NEW PHONE SERVICE WILL GIVE DRUG information at any hour. When you need data fast on a medication because of a severe reaction or other emergency, you call a Washington, D.C., number. The new system, "Mediphone," will start operations Jan. 8. Membership costs $20 a year, with each call an additional $3.

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1 mg. 2 mg. 4 mg.

A MORE CLINICALLY USEFUL
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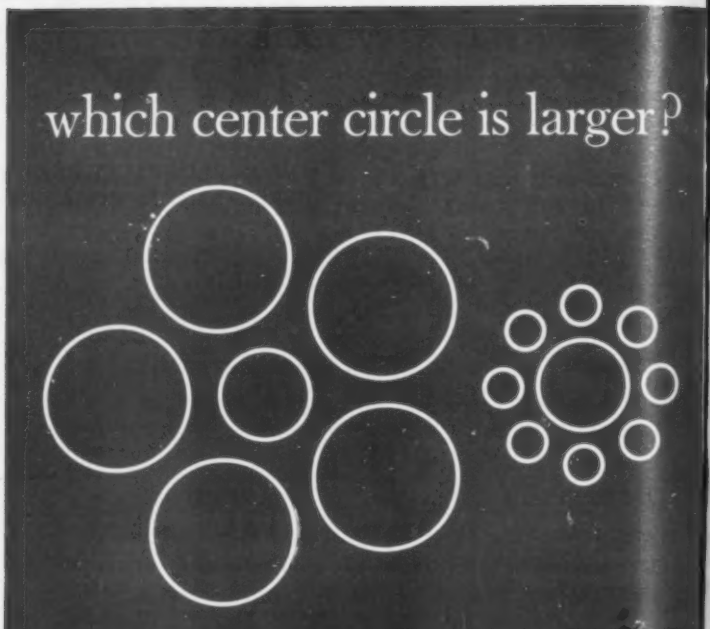
active antihypertensive	marked micturition
broad benefit	notable natruresis
clinically confirmed	orally optimal
convenient control	peak potency
dosage dexterity	prolonged performance
dependable diuresis	reliable response
enhanced effectiveness	significant saluresis
foremost flexibility	tested toleration
increased individualization	unsurpassed utility
long lasting	valuable versatility

"foremost flexibility"—The clinical effectiveness and favorable sodium/potassium ratio of RENESE at 0.5 mg. and at 16 times that dose (8 mg.) may make thiazide therapy available to patients previously excluded either by intolerance at the lowest available doses of other agents or by lack of response at their highest effective doses. The availability of RENESE in 1 mg., 2 mg., and 4 mg. scored tablets provides a dosage form for *each* and *every* patient—mild, moderate, or severe.

Pfizer *Science for the world's well-being®*

PFIZER LABORATORIES Division,
Chas. Pfizer & Co., Inc. New York 17, N. Y.

FOR PRODUCT INFORMATION TURN TO PAGE 68



Surprising . . . how the circle in the figure at right seems larger than the one at the left—even when you know they're both the same.

Another illusion takes place when we try to compare two oral penicillins. If only the price of the drugs were to be considered, the choice would be clear. But isn't it what a drug *does* that counts?

V-Cillin K® achieves two to five times the serum levels of antibacterial activity (ABA) produced by oral penicillin G.[1] Moreover, it is highly stable in gastric acid and, therefore, more completely absorbed *even in the presence of food*. Your patient gets more dependable therapy for his money . . . and it's therapy—not tablets—he really needs.

For consistently dependable clinical results

prescribe V-Cillin K in scored tablets of 125 and 250 mg. V-Cillin K, Pediatric, in 40 and 80-cc.-size packages. Each 5 cc. (approximately 1 teaspoonful) contain 125 mg. (200,000 units) penicillin V as the crystalline potassium salt.

Lilly

V-Cillin K® (penicillin V potassium, Lilly)

1. Griffith, R. S.: Antibiotic Med. & Clin. Therapy, 7:129, 1960.

Product brochure available; write Eli Lilly and Company, Indianapolis 6, Indiana.

Medical Economics

National business magazine for physicians, December 18, 1961

Contents

What's ahead 1. You're telling us! 55. Professional briefs 137.

Semi-annual subject index 205. Financial briefs 231.

Columnists:

DeTar: Med students put free medicine on the spot 25. **Crane:** Tip-off on timing your stock purchases 39. **Ingegno:** Best Rx I've heard for insurance abuse 43; Don't put them out to pasture—hire them 47.

Your practice:

How to manage health check-ups more efficiently 71

Can you practice good preventive medicine without spending more time on it than the patient is willing to pay for? These doctors believe the only way to do it is to spread examinations over several visits, streamline them, and itemize your findings and your bill

Usually, 'I'm well' is true; 'I'm ill' isn't 76

'Let surgical residents handle insured patients' 76

Your car:

Want a car just for fun? 78

If you've a yen to be unconventional, you may be interested in some of the off-beat autos with the comic-strip names that are now trickling onto the country's highways. Here are details on a few of them

Your patients:

How to handle them when they're anxious, angry, or amorous 80

Can you treat a patient effectively without worrying about his attitude toward his ailment—or toward you? This psychiatrist doesn't think so, and offers some tips on dealing with troublesome emotions

He's taking off on a four-day 'house call' 90

More ►

Excerpts from a 2-year study of 87 patients

USE OF DEPROL IN THE OFFICE TREATMENT OF DEPRESSION*

"Eighty-seven patients were studied during a period of over 2 years. All were psychoneurotic, and all were seen in private psychiatric practice. Although diagnoses differed, the most prominent symptom in each case was severe depression... Patients ranged in age from 16 to 70 years; the greater portion were 20 to 40 years old.

"The usual starting dosage of Deprol† was 1 tablet 4 times a day ... If necessary, this dosage was increased to 6 tablets per day, and then to 8."

Results

"All except 2 of the 87 patients treated with Deprol were definitely helped by this medication.

"Deprol was found most useful in patients with pronounced depressions characterized by apathy, withdrawal, and inability to perform. Such patients were relieved of their oppressive despondency and crying spells and became accessible to psychotherapy. They became more hopeful and more willing and able to expend effort to help themselves. They were able to sleep well, to enjoy their food again, to concentrate better, to make decisions and to return to normal activity...

"Unlike most other drugs used for depression, [Deprol] is also effective in controlling a wide spectrum of associated symptoms, particularly anxiety, tension, sleep disturbances, and psychosomatic complaints. Deprol does not depress appetite but permits its normal return as the patient improves. It is not a euphoriant; rather, patients taking the drug experience a return to a stable and normal mood."

Side Effects and Toxicity

During the two years of this study "...no side-effects were observed. Two patients who attempted suicide by ingesting, respectively, 4 and 30 tablets of Deprol experienced prolonged sleep with slight transient fall in blood pressure but they recovered without treatment and without sequelae."

Conclusion

"Deprol marks a definite step forward in the safe and effective treatment of depression."

*Ruchwarger, A.: M. Ann. District of Columbia *28*:438, Aug. 1959.
†Supplied by WALLACE LABORATORIES, Cranbury, N. J.

'Deprol'®

Dosage: Usual starting dose is 1 tablet q.i. When necessary, this may be increased gra ually up to 3 tablets q.i.d. With establishmen of relief, the dose may be reduced gradual to maintenance levels. ***Composition:*** 1 m 2-diethylaminoethyl benzilate hydrochlori (benactyzine HCl) and 400 mg. meprobamat ***Supplied:*** Bottles of 50 light-pink, scored ta lets. Write for literature and samples.

co-

Your retirement:

What Social Security might mean to you 92

Here are the total taxes and maximum monthly benefits you might expect if the law were extended to include self-employed doctors

Your profession:

You can save free medicine in America 96

The father of Australia's health plan tells U.S. doctors how to beat down the threat of socialization by acting now

Why Texas doctors can afford independence 136

Your associates:

Consultants I can't stand 141

A consultant says some fellow consultants act like tin gods, won't give referring M.D.s necessary reports, and order too many tests

Practice management Q & A:

How long to carry an uncollected account 153

What to charge when you rent office space 153

When your aide makes you sound too busy 153

Redfaced . . .

over an embarrassing experience with a patient or a colleague? You'll feel better if you get paid for telling other doctors about it through these columns. We pay $25 to $40 for acceptable contributions. Those not accepted within thirty days may be considered rejected. Write to Anecdote Editor, Medical Economics, Inc., Oradell, N.J.

More ►

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TUSSIONEX®

For the useless cough that debilitates! **A SINGLE DOSE CONTROLS COUGH FOR 8-12 HOURS** with less narcotic and without preventing natural mucus discharge. 'Strasionic' release means *sustained* relief for "flu" cough or *any* cough—mild or severe. Two ounces last 6 days and nights!

TWO FORMS: Tussionex Thixaire™ Suspension • Tussionex Tablets.

FORMULA: Each teaspoonful (5cc.) or tablet contains 5 mg. dihydrocodeinone and 10 mg. phenyltoloxamine as cation exchange resin complexes of sulfonated polystyrene. *Warning: Dihydrocodeinone may be habit forming.*

INDICATIONS: Cough, including those due to influenza, colds, bronchitis, chronic sinusitis, pharyngitis, chronic lung disease, cardiac decompensation, measles.

DOSE: 1 teaspoon or tablet q 12 h. Children under 1 year, ¼ teaspoon q 12 h; 1-5 years, ½ teaspoon q 12 h.

EFFECTS: 8-12 hour cough suppression.

SIDE EFFECTS: Negligible, but when encountered may include mild constipation, nausea, facial pruritis, drowsiness, which disappear with adjustment of dose or discontinuance of treatment.

OVERDOSAGE: Immediately evacuate the stomach. Respiratory depression, if any, can be counteracted by respiratory stimulants. Convulsions, sometimes seen in children, can be controlled by intravenous administration of short-acting barbiturates. Hypothermia can be controlled by the usual supportive methods.

Rx only: Class B taxable narcotic

FOR SUSTAINED RELIEF FROM COUGH DUE TO FLU

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ROCHESTER, NEW YORK, U.S.A. DIV. WALLACE & TIERNAN, INC.

Originators of 'Strasionic' (sustained ionic) Release



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Practice management Q & A (cont.):

To charge or not to charge your close friends 155

When a minor can sign a consent form 155

Your investments:

Green light now for auto stocks? 157

Probably so. Fatter profits appear to be in the offing for U.S. car makers. Here are the prospects for individual companies

What it takes to be a successful stock trader 171

This doctor earns almost as much trading stocks as he does seeing patients. He finds trading fast, exciting, and remarkably profitable

Your liability:

How to prescribe yourself into trouble 188

Faulty Rxs are commoner than you think, says this G.P. They can cause you to lose patients, alienate druggists, or even land in court

Memo from the editors:

Forecast for 1962 224

Humor:

Anecdotes 50, 77, 136, 186

Cartoons 82, 85, 86, 89, 108, 116, 166, 194

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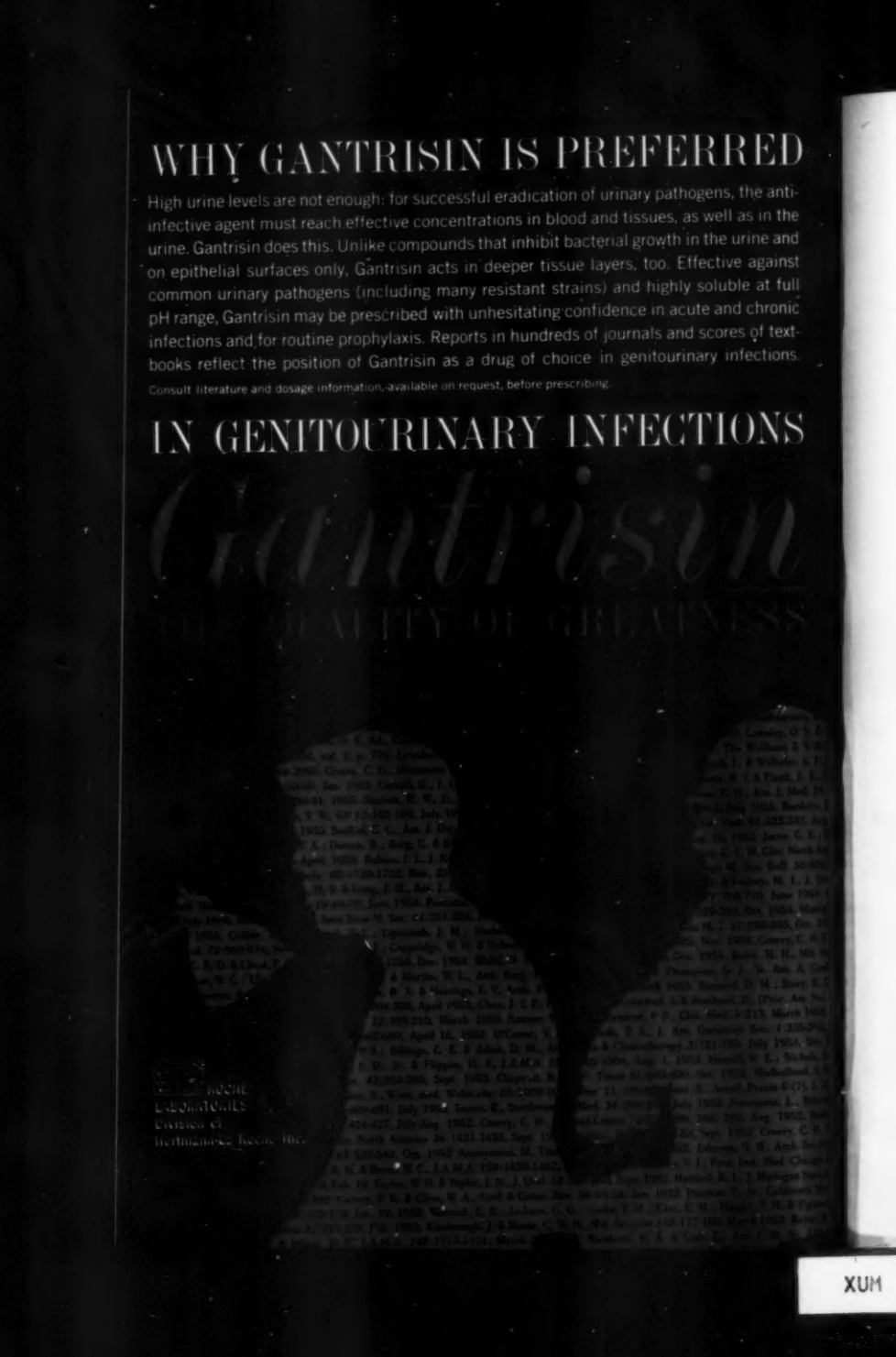
High urine levels are not enough: for successful eradication of urinary pathogens, the anti-infective agent must reach effective concentrations in blood and tissues, as well as in the urine. Gantrisin does this. Unlike compounds that inhibit bacterial growth in the urine and on epithelial surfaces only, Gantrisin acts in deeper tissue layers, too. Effective against common urinary pathogens (including many resistant strains) and highly soluble at full pH range, Gantrisin may be prescribed with unhesitating confidence in acute and chronic infections and for routine prophylaxis. Reports in hundreds of journals and scores of textbooks reflect the position of Gantrisin as a drug of choice in genitourinary infections.

Consult literature and dosage information, available on request, before prescribing.

IN GENITOURINARY INFECTIONS

Gantrisin

THE QUALITY OF GREATNESS



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DIVISION OF
HOFFMANN-LA ROCHE INC.

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Medical Economics

December 18, 1961

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Tetracyn®

Capsules Syrup Pediatric Drops

classic broad-spectrum antibiotic therapy

"prompt antibacterial action and a broad range of antibacterial effectiveness with a remarkably low degree of toxicity."[1]

1. Mathieu, P. L., Jr., et al.: Rhode Island M.J. 42:172, 1959.



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IN BRIEF Tetracyn provides tetracycline with glucosamine, a normal constituent of human tissues and fluids, as an excipient. *Indications:* A wide range of infections due to susceptible gram-positive and gram-negative bacteria, rickettsiae, large viruses and protozoa. *Administration and dosage:* The suggested minimum daily dosage for the average adult is 1 Gm. divided into four equal doses; proportionately less for children. *Side effects and precautions:* Antibiotics may allow overgrowth of nonsusceptible organisms—particularly monilia and resistant staphylococci. If this occurs, discontinue medication and institute indicated supportive therapy and treatment with other appropriate antibiotics. Aluminum hydroxide gel decreases antibiotic absorption and is therefore contraindicated. Glossitis and allergic reactions are rare. There are no known contraindications to glucosamine. *Supplied:* Tetracyn *Capsules* (black-and-white), 250 mg. per capsule—bottles of 16 and 100. Half-strength (125 mg.) capsules (black-and-white)—bottles of 25 and 100. Tetracyn *Syrup—preconstituted,* orange-flavored, 125 mg./tsp. (5 cc.)—2 oz. and 1 pt. bottles; Tetracyn *Pediatric Drops—preconstituted,* orange-flavored, 100 mg./cc. (5 mg./drop)—10 cc. bottle with calibrated plastic dropper. *More detailed professional information available on request.*

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Routine use by physicians, nurses and as aid in eliminating one source of

The antibacterial ingredient in Dial—a synergistic combination of hexachlorophene and trichlorocarbanilide—has long been known for its effectiveness against the skin bacteria that cause perspiration odor.

Now new and more extensive tests have established that Dial inhibits the growth of a wider range of gram-positive and gram-negative bacteria than any other leading toilet soap—including strains that are resistant to antibiotics.

Many physicians already recommend the use of Dial to their patients. Now this new evidence points up even more sharply the benefits of Dial for hospitalized patients and hospital personnel.

Dial is available in guest sizes for hospitals. Ask your hospital purchasing agent to write our laboratory at the address below for information and free samples.

FROM THE SOAP DIVISION OF ARMOUR AND COMPANY

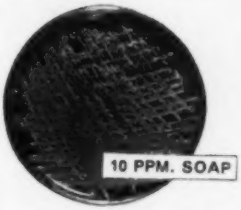
aureus

patients suggested infection in hospitals!



1355 W. 31st Street, Chicago 9, Ill.

In vitro tests demonstrate Dial's antibacterial superiority against Staph. Aureus



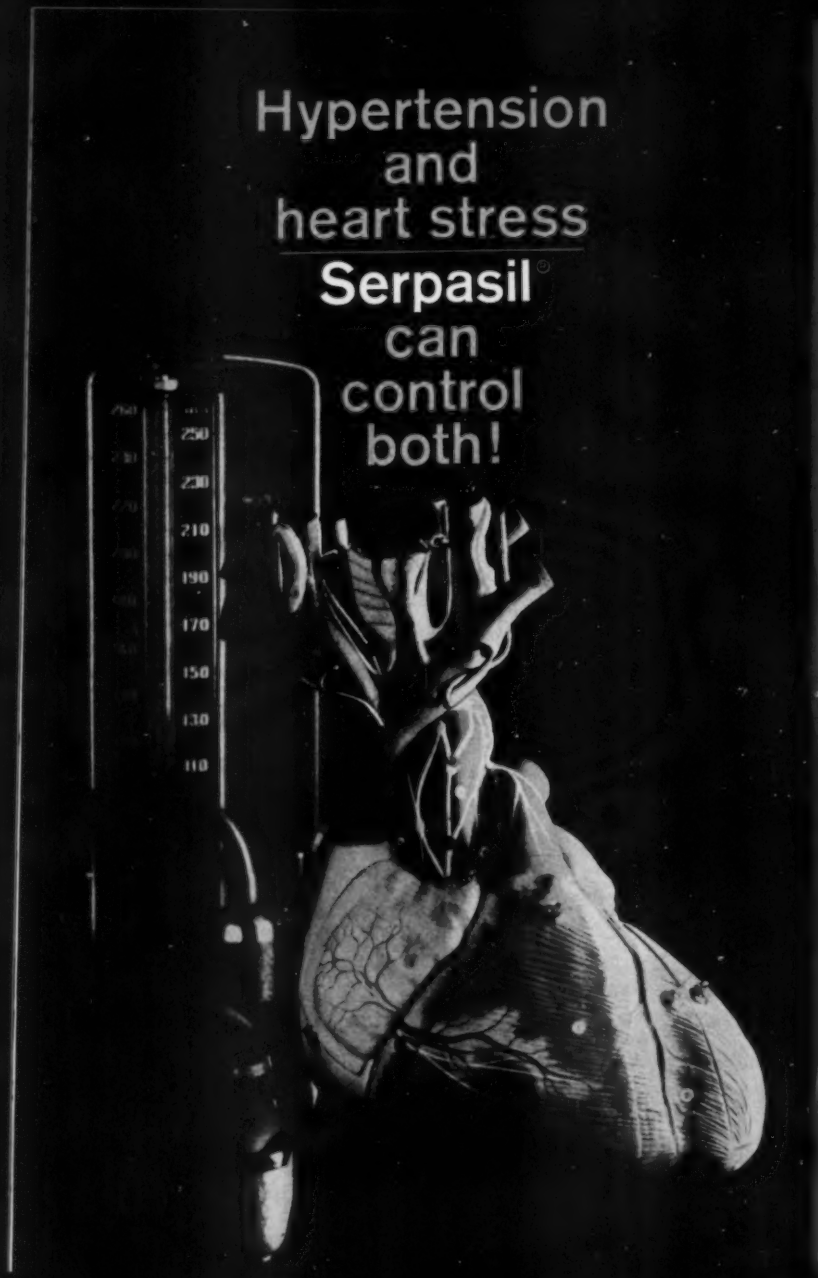
1. Ordinary toilet soap left this heavy Staph growth.



2. A widely used antiseptic soap showed little inhibition of Staph.



3. Dial Soap completely inhibited the growth of Staphylococcus aureus.


Hypertension
and
heart stress
Serpasil®
can
control
both!
250
230
210
190
170
150
130
110

Serpasil lowers blood pressure gently, guards against cardiac damage

Serpasil—in addition to its well-established effectiveness in controlling high blood pressure—offers an important bonus in treating hypertension. Laboratory studies show that Serpasil can prevent stress-induced heart damage,[1,2] presumably through its ability to deplete the catecholamines (epinephrine and norepinephrine) from the myocardium.[3,4]

These laboratory data are clinically significant in light of growing evidence[5-7] that more than purely "mechanical" overwork may be involved in cardiac damage associated with hypertensive disease. Raab[5] suggests that much of this damage is due to a direct metabolic action of the catecholamines on heart muscle. The way to prevent it, he believes, is to deplete or inactivate excess catecholamines.

Thus, Serpasil not only eases the mechanical burden on the heart by reducing peripheral resistance and slowing heart rate, it may also provide protection against catecholamine-induced heart damage—the added benefit in prescribing Serpasil for hypertension.

LABORATORY EVIDENCE SHOWS SERPASIL PREVENTS STRESS-INDUCED HEART DAMAGE[2]

Severe heart damage in unprotected stressed rat. Tissue taken from rat given 2α-methyl-9α-fluorohydrocortisone and stressed (by restraint) for 15 hours. (Photomicrographs from Raab.[2])



No heart damage in stressed rat protected with Serpasil. Tissue taken from rat given 2α-methyl-9α-fluorohydrocortisone and stressed as at left, but also given Serpasil (0.4 microgram daily for one week).



Note: While Serpasil did not completely protect the hearts of all animals in this study, it greatly reduced myocardial damage in most of them. Original magnification of photomicrographs: approximately 400 X.

References: 1. Raab, W., Stark, E., and Gigee, W. R.: Circulation 20:754 (Oct.) 1959. 2. Raab, W.: Research report to CIBA. 3. Carlsson, A., Rosengren, E., Bertler, A., and Nilsson, J.: Psychotropic Drugs (edited by Garattini, S., and Ghetti, V.), Elsevier Publishing Company, Amsterdam, 1957, pp. 363-372. 4. Waud, D. R., Kottegoda, S. R., and Krayer, O.: J. Pharmacol. & Exper. Therap. 124:340 (Dec.) 1958. 5. Raab, W.: Am. J. Cardiol. 5:371 (May) 1960. 6. Beyer, O., Borden, N. E., Boeminghaus, H., and Effert, S.: Ztschr. klin. Med. 146:907 (June) 1950. 7. Raab, W.: Hormonal and Neurogenic Cardiovascular Disorders, The Williams & Wilkins Company, Baltimore, 1958, pp. 467, 468.

Complete information about indications, dosage, cautions, and side effects of Serpasil—as well as a full report on its heart-protecting action—will be sent on request. 27 ciba

Supplied: Tablets 0.1 mg., 0.25 mg. (scored) and 1 mg. (scored).

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(reserpine CIBA)

CIBA
SUMMIT-NEW JERSEY

XUM



in GU

Xylocaine®Jelly, topical anesthetic, brings fast and long lasting relief and relaxation during painful cystoscopy, sounding, and catheterization. Its water-soluble base adheres to the urinary mucosa; it is nonstaining, nonirritating, nonsensitizing. Xylocaine Jelly also lubricates to facilitate instrumentation.

brand of lidocaine*

Composition: Xylocaine Jelly contains 2% Xylocaine hydrochloride in a sterile, aqueous vehicle of suitable viscosity. Dose: 5 cc. to 30 cc. is applied topically, depending on procedure. Available in 30 cc. collapsible tubes. Astra Pharmaceutical Products, Inc., Worcester 6, Massachusetts. *U.S. Pat. No. 2,441,498. Made in U.S.A.

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TRIAMINIC® RELIEVES STUFFED AND RUNNING NOSES **ORALLY.** Triaminic—containing the outstanding oral nasal decongestant, phenylpropanolamine, plus two complementary antihistamines—reaches all respiratory membranes systemically—provides more effective, longer lasting relief—avoids rebound congestion and other hazards of topical medication. Relief is especially prompt and prolonged because of the special timed-release action. INDICATIONS: nasal and paranasal congestion, sinusitis, postnasal drip, respiratory allergy. Each Triaminic timed-release tablet provides: phenylpropanolamine hydrochloride 50 mg., pheniramine maleate 25 mg., pyrilamine maleate 25 mg. Triaminic's special timed-release tablet design affords 6-8 hours of relief.

Also available: TRIAMINIC JUVELETS®—½ the formulation of the Triaminic Tablet with timed-release action. TRIAMINIC SYRUP—each tsp. (5 ml.) provides ¼ the formulation of the Triaminic Tablet. New TRIAMINIC CONCENTRATE—drop dosage for infants and younger children. A specially calibrated dropper assures accuracy of dosage.

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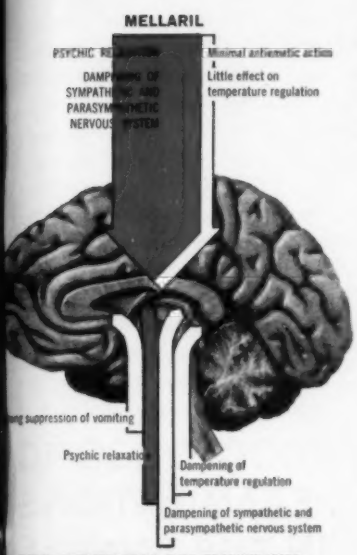
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THIORIDAZINE HCl

provides highly effective tranquilization, relieves agitation, apprehension, anxiety

"This is the third time the authors have evaluated a tranquilizer in a geriatric group. Our feeling is that Mellaril is superior to the other two, both of which were phenothiazine derivatives."[1]

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"The side-effects which we have observed during trials with Mellaril have not been of a serious nature and we believe that the claim can justly be made that Mellaril has fewer side-effects than any other of the phenothiazine compounds."[2]

greater specificity of tranquilizing action results in fewer side effects

1 Mellaril has a specificity of tranquilizing action on certain brain sites, in contrast to the more "diffuse" action of other phenothiazines. For example, unlike other phenothiazine tranquilizers, Mellaril provides tranquilization without any significant antiemetic action.

2 Mellaril has less "spill-over" action to other brain areas. Hence, such extrapyramidal effects as parkinsonism are rare.

3 Jaundice has not been observed.

Mellaril is indicated for agitation, apprehension and anxiety, ranging from mild to severe, in both ambulatory and hospitalized patients.

ADULT DOSAGE—Usual starting dose: Non-psychotic patients—10 or 25 mg. t.i.d.; Psychotic patients—100 mg. t.i.d. Dosage must be individually adjusted until optimal response. Maximum recommended dosage: 800 mg. daily.

CHILDREN'S DOSAGE — Average 10 mg. t.i.d. (range: 20 — 40 mg. per day).

Supply: Mellaril Tablets, 10 mg., 25 mg., 50 mg., 100 mg., 200 mg.

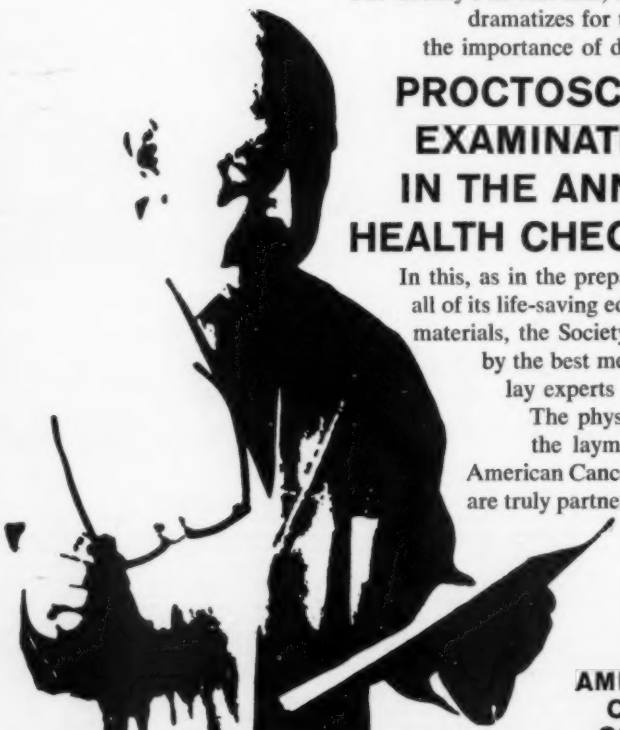
PRECAUTIONS: Leukopenia and/or agranulocytosis, photosensitization and convulsive seizures have been reported with long-range therapy but are very rare. Jaundice has not been observed during the use of Mellaril. Pseudoparkinsonism and other extrapyramidal disorders may occur but are infrequent and mild. Pigmentary retinopathy, which has been observed in psychiatric patients taking large doses (in excess of 1000 mg. daily over long periods of time) is characterized by diminution of visual acuity, brownish coloring of vision, and impairment of night vision; examination of the fundus discloses deposits of pigment. The possibility of this complication is avoided by remaining within the recommended limits of dosage. Drowsiness is not infrequent, especially with large doses and during early treatment. Dryness of the mouth, nasal stuffiness, skin eruption, nocturnal confusion, galactorrhea and amenorrhea are noted occasionally. Some male patients have complained of inability to ejaculate. Female patients appear to have a greater tendency to orthostatic hypotension than male patients. As with other phenothiazines, Mellaril is contraindicated in severely depressed or comatese states from any cause.

1. Judah, L., Murphree, O., and Seager, L.: Am. J. Psychiat. 115:1118, June 1959. 2. Sandison, R. A., Whitelaw, E., and Currie, J. D. C.: Clinical trials with Mellaril in the treatment of schizophrenia, Journal of Mental Science (British Journal of Psychiatry) 106:732, April 1960.

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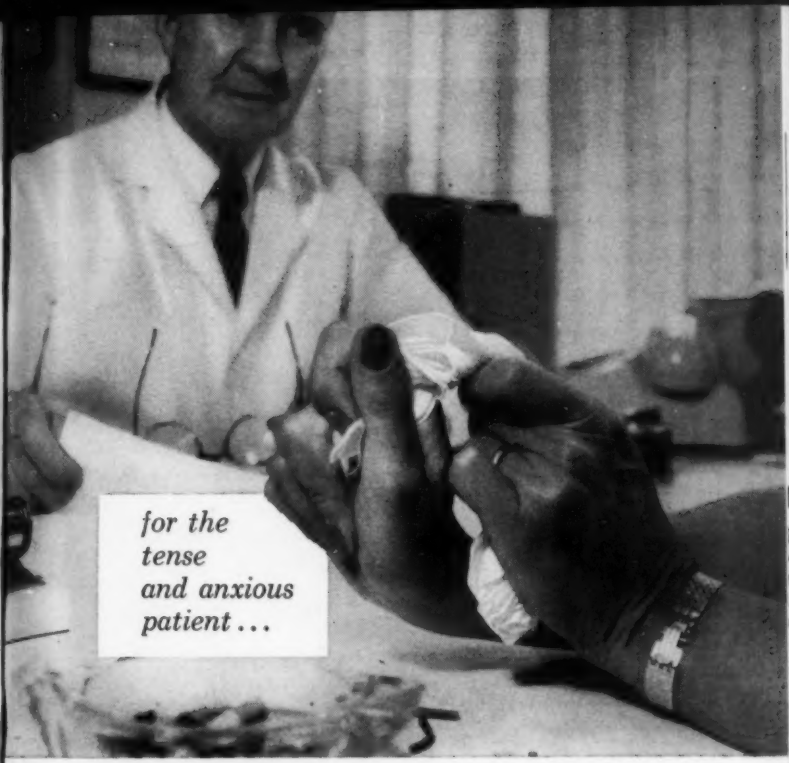
In 1961, you, the nation's physicians, will diagnose an estimated 70,000 cases of cancer of the colon and rectum. Although potentially this is a highly curable cancer, each year more than two thirds of such patients die of the disease. Thousands are lost needlessly. They could be saved by proper medical treatment of the disease, found by annual examination, in its presymptomatic and most curable stage. The regular health checkup and alertness to first symptoms are great life-savers. To help bring such patients to you *in time*, the American Cancer Society has developed a forceful, comprehensive public education program on cancer of the colon and rectum. The Society's newest film, *Life Story* dramatizes for the public the importance of digital and



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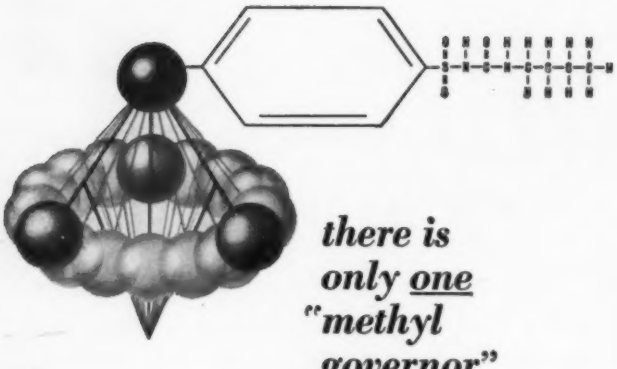
XUM

By John S. DeTar, M.D.



Med students put free medicine on the spot

Don't count on today's medical student to carry on the struggle for free medicine. He's a bright young man, the product of scientific training vastly superior to that we received a generation ago. He believes what is proved, and little else. And he's not convinced by the arguments of the A.M.A. that Government medicine is inferior medicine. ¶ I was forced to these pessimistic conclusions after a two-hour session with the junior class of Harvard Medical School. Also attending the session was Senator Wallace F. Bennett of Utah. Senator Bennett told the students why he supported the Kerr-Mills Law, and why he opposed the Anderson-King bill to provide medical care for the aged under Social Security. My assignment was to explain the activities and the policies of organized medicine. ¶ These junior students came up with some perplexing and disturbing questions. They not only seemed to have serious doubts about medical practice under a competitive system, but their ques-



there is only <u>one</u> "methyl governor" ...and that is in

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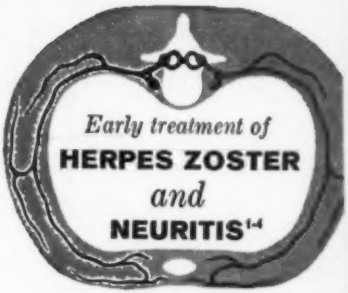
AUGUST, 1961

tions clearly implied approval of Federal control of medicine. And don't discount their intelligence; Harvard Medical School has ten applicants for each place in the freshman class.

One student demanded proof that Federal control would reduce the quality of medical care. Having spent a year in England, he had concluded that quality was actually enhanced by Government control. He'd been impressed by his professors' convincing arguments that standards set by the U.S. Government raise rather than lower the quality of medical care. He cited the Hill-Burton plan, and the high quality of care in Veterans Administration hospitals and other Government programs.

Another student said the A.M.A.'s press releases on Social Security medicine were insults to the intelligence of medical men. He asked for proof that Federal control would lower quality. "In what countries has this been proved?" he asked. "And in what specific ways?"

Another student said he believed that a lot of doctors with the highest incomes don't



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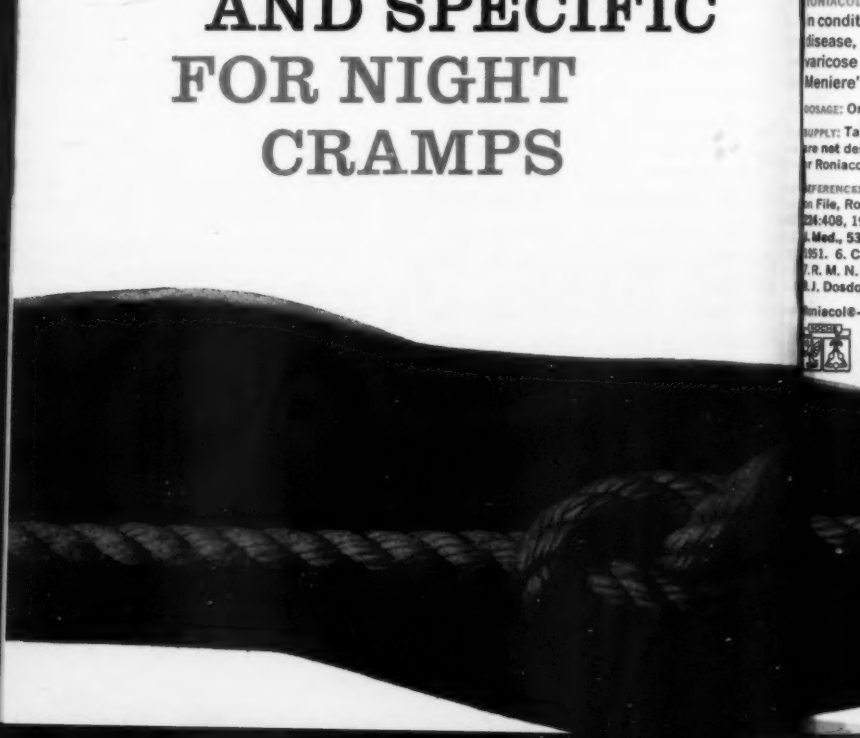
ADMINISTRATION: One ampul (1.3 cc.) I. M. daily for 2 to 5 days usually relieves pain completely in patients treated early. For detailed information, refer to PDR, page 731, or write to our Medical Department.

(1) Baker, A.G.: Penn. Med. J. 63:697 (May) 1960. (2) Smith, R. T.: New York Med. (Aug. 20) 1952, pp. 16-19. (3) Smith, R. T.: Med. Clin. N. Amer. (Mar.) 1957. (4) Lehrer, H. W., et al.: Northw. Med. (Nov.) 1955. (5) Sforzolini, G. S.: Arch. Ophthal. 62:381 (Sept.) 1959.

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WHAT'S NEW AND SPECIFIC FOR NIGHT CRAMPS



RONIACOL TIMESPAN

TABLETS

SAFE, SPECIFIC PERIPHERAL VASODILATOR IN THE NEW SUSTAINED-RELEASE FORM

INCREASES AND MAINTAINS BLOOD FLOW FOR 10-12 HOURS

"UNUSUALLY GOOD"[1] VASODILATION Roniacol Timespan produced significant or complete relief of night cramps in a majority of patients.[2] Action: specific dilation of peripheral vessels.[2] Result: Roniacol increases blood flow to ischemic extremities.[3-5]

ONE DOSE EFFECTIVE ALL NIGHT New, sustained-release Roniacol Timespan brings convenience and protection to your patients with night cramps — precludes interrupted sleep by providing nightlong prophylaxis with a single evening dose.

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RONIACOL TIMESPAN tablets are recommended for convenience of therapy in conditions associated with deficient circulation; e.g., peripheral vascular disease, including generalized arteriosclerosis, cerebral arteriosclerosis, varicose ulcers, decubital ulcers, chilblains, diabetic endarteritis, Meniere's syndrome and vertigo due to impaired cerebral circulation.

DOSAGE: One or two Roniacol Timespan tablets in the morning and at night.

SUPPLY: Tablets of 150 mg, bottles of 50. When prolonged effects are not desired, prescribe Roniacol Tartrate Tablets, 50 mg, or Roniacol Elixir, 50 mg per teaspoonful (5 cc).

REFERENCES: 1. R. E. Sumner, Personal Communication. 2. Reports on File, Roche Laboratories. 3. E. C. Texter, et al., Am J. M. Sc., 224:408, 1952. 4. M. M. Fisher and H. E. Tebrock, New York J. Med., 53:65, 1953. 5. I. H. Richter, et al., New York J. Med., 51:1303, 1951. 6. C. M. Castro and L. De Soldati, Angiology, 4:165, 1953. 7. R. M. N. Crosby, Am. J. M. Sc., 225:61, 1953. 8. J. Dosdos and G. E. Arnold, Eye Ear Nose & Throat Month., 38:1035, 1959.

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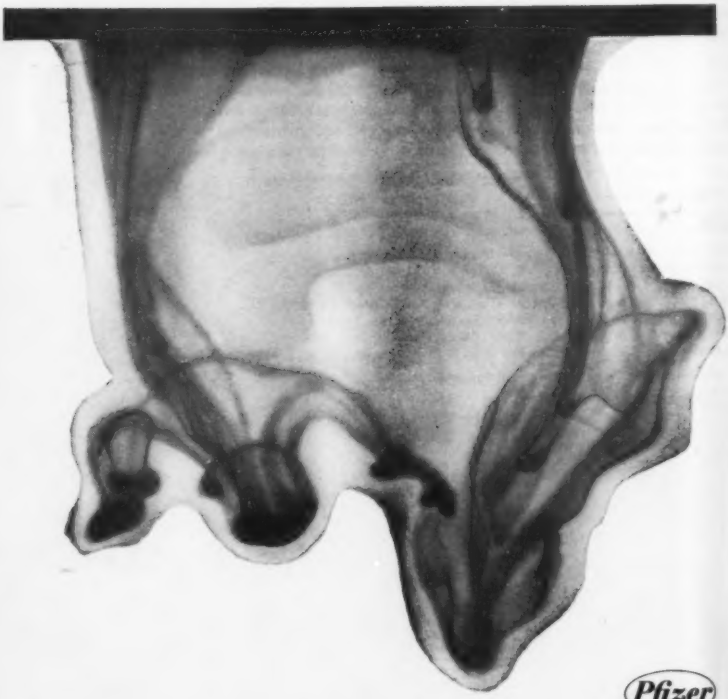
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UROBIOTIC assures effective antimicrobial levels in **tissue, urine, and blood stream**... because only UROBIOTIC provides the broad-spectrum action of OXYTETRACYCLINE, notable for its relatively high urinary concentration, excellent toleration, and proven effectiveness against even so troublesome an invader as Pseudomonas; SULFAMETHIZOLE—an unusually soluble, highly active sulfonamide; PHENAZOPYRIDINE—for effective local analgesia.

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permeates the urinary tract



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IN BRIEF

INGREDIENTS: Each Urobiotic capsule contains 125 mg. Terramycin® (oxytetracycline), as the hydrochloride, with 125 mg. glucosamine HCl; 250 mg. sulfamethizole; and 50 mg. phenazopyridine HCl.

INDICATIONS: Genitourinary infections caused by susceptible organisms; and prophylactically, before and after genitourinary or pelvic surgery, following instrumentation procedures, during the use of retention catheters, and in patients with conditions such as cord bladder or cystocele.

DOSAGE: In adults, a dose of 1 or 2 capsules four times daily, depending upon the severity and response of the infection. In children 60 to 100 lbs., 1 capsule four times daily; in children under 60 lbs., 1 capsule three times daily. Therapy should be continued for a minimum of 7 days or until bacteriologic cure is effected in acute urinary tract infections.

CONTRAINDICATIONS: Urobiotic may be contraindicated in patients with chronic glomerulonephritis, hepatitis, hepatic failure, uremia, and obstructive lesions of the urinary tract, and should not be used in patients sensitive to any of its components.

PRECAUTIONS: The use of broad-spectrum antibiotics may, in rare cases, result in an overgrowth of nonsusceptible organisms, such as monilia or staphylococci. Should such superinfection occur, therapy with Urobiotic should be discontinued and specific therapy instituted as shown by susceptibility testing. The use of sulfonamides may cause renal crystalluria as well as other toxic or sensitivity reactions. If any of these occur, discontinue use.

SUPPLIED: Urobiotic capsules, yellow-and-grey, bottles of 50.

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enjoy the highest professional ratings by their colleagues. He argued that this proved that a patient isn't as qualified to select his own physician as a Government agency would be.

In answering these and similar questions, Senator Bennett and I said we felt: That the American system of private enterprise has resulted in the highest standards of medical care known anywhere. That competition and incentive *are* factors in producing quality, whether in business or in medicine. That there are volumes of evidence proving the stultifying effect of Government controls on the practicing physician. That the voluntary American system, although far from perfect, shouldn't be sacked just because the United States stands alone as a bulwark of successful capitalism. That in no field—railroads, farming, communications, electric power, etc.—has Federal control demonstrated superiority over competitive private enterprise in the United States.

I'm not sure these bright young men were convinced;

most of their questions and attitudes criticized the conservatism of organized medicine, although one young man vociferously criticized both the Senator and myself for being "middle-of-the-roaders." He appealed to the session's moderator, Professor Osler L. Peterson, to bring to the class a couple of *true* conservatives, ones who would give *accurate* interpretations. To call this a bit jolting is an understatement.

I'm now firmly convinced that medicine's leaders have to do more than they're doing in their current campaign to clearly expose all the dangers of Government medicine. They've got to supply more factual evidence. I'm also convinced that if medical care is to remain free from Federal control, today's medical student must receive part of his socio-economic education from teachers who are not committed to collectivism.



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Not objectively, as activity of the heart can be measured electrocardiographically.

The higher level of relief reported with this new corticosteroid is a subjective thing that must be seen, by you, in your own patients.

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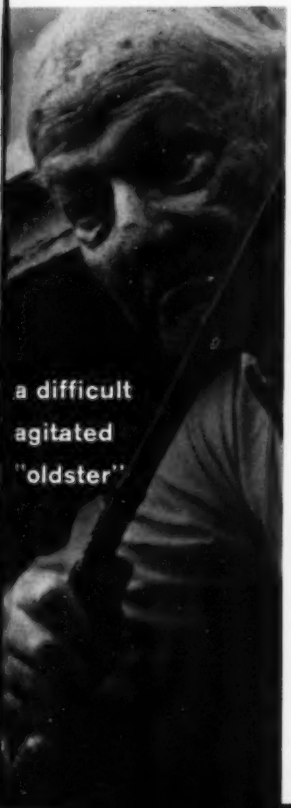
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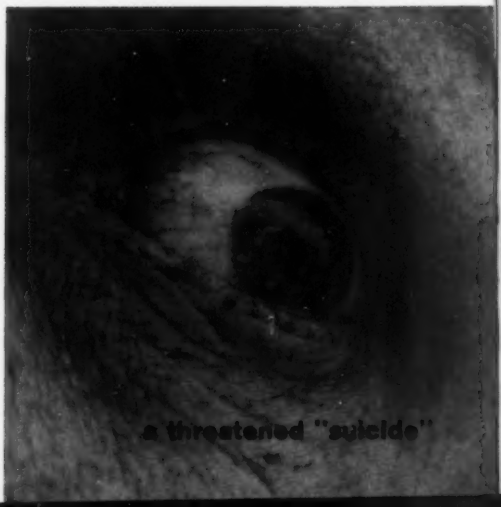
See page 145 for description, indications, dosage, precautions, side effects, and how supplied.

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In behavioral disorders such as senile agitation, PROZINE helps restore patterns of normality. Psychomotor hyperactivity is reduced, and symptoms of apprehension, confusion and irritability are brought under control. Rehabilitation of the patient is often significantly eased.

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By Burton Crane



Tip-off on timing your stock purchases

The late John Maynard Keynes, a consistently successful speculator, once said there are two steps in market forecasting. It isn't enough to figure what effect an economic development will have on a company, he said: You must first decide what effect the development will have on public sentiment, then the effect of public reaction on the company's stock. ¶ I believe there are *three* steps: (1) from the economic development to the Government's reaction; (2) from the Government's reaction to the public's reaction; and (3) from the public's reaction to the stock. ¶ Put it this way: Suppose that, although business seems excellent, the President's economic advisers and the board of governors of the Federal Reserve System note some telltale signs of a slackening ahead. Perhaps overtime hours are slipping without an increase in employment. Perhaps new orders for durable goods are declining or new contracts for building falling. So the Federal Reserve banks cut

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the interest rate and make money easier to borrow. This is step number 1.

How will the public react? Some will assume that everything is O.K. now that Uncle Sam has stepped in; therefore, it's all right to hold on to those wildly speculative issues. Others will decide that things must have been in pretty bad shape to bring Government action; therefore the thing to do is to get out of stocks. But there will be some who will realize that the lower money rate has increased the relative value of bonds and of those preferred and common stocks that are pretty certain to pay their dividends come hell or high water. This is step number 2.

The third step is to adjust sales and purchases to this public reaction. The market will pulse upward and downward. If you hold cyclical stocks, you will try to pick a strong day to sell those that can be most easily hurt. You will buy sure-interest or sure-dividend securities, about which the word "growth" has not been breathed. You do *not* want an issue already inflated by hopes that cannot be realized in the near future.

There was such a change-over period in 1957. The Federal Reserve banks raised their interest rates in August. In November the rate had to be lowered. The rate reduction, coupled with evidence that the more speculative industries were continuing to contract, was an excellent signal to get into defensive issues —not because defensive issues would save the investor from loss, but *because they would rise.*

The Government is obliged to take certain measures to control the economy. To do this, Washington's experts must read and interpret statistics. They must determine what future is likely. Because the average investor has access to the same statistics, it is not inconceivable that, from time to time, he can anticipate moves by the authorities.

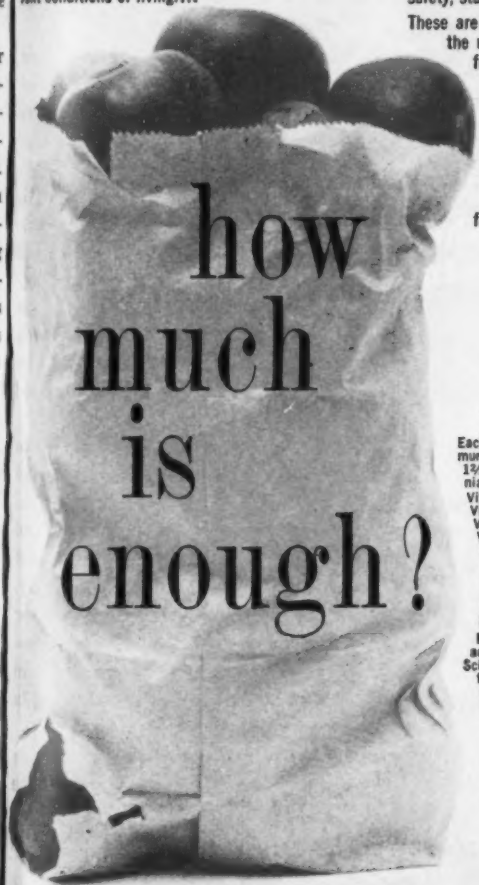
In my next column, I'll show how to evolve an approximate timetable.

THIS COLUMN is the second in a series condensed from "The Sophisticated Investor," copyright © 1959 by Burton Crane, reprint rights purchased from Simon and Schuster, Inc.

We at Miles consider it important for the physician to be familiar with health preparations in common household use. In keeping with this policy, we present the ONE-A-DAY Multiple Vitamins story.

"If a little is good...more must be better" describes a common misconception many patients have about vitamins. Perhaps that's why so few ask, "How much is enough?"

The generally accepted answer is the National Research Council's Recommended Dietary Allowances —amounts "...designed to maintain good nutrition in healthy persons in the United States under current conditions of living...."[1]



Guided by these recommendations, Miles Laboratories has formulated ONE-A-DAY (Brand) Multiple Vitamins to provide all the known essential vitamins normally needed in the diet and intended as a dietary supplement, to prevent shortages and to help maintain sound nutrition. The use of the finest raw materials, *plus* expert compounding with meticulous care at every step, assure that ONE-A-DAY meets the highest standards for potency, purity, safety, stability.

These are hectic days of meager meals eaten on the run, "empty-calorie" snacks and fanciful food fads. Because "supplemental vitamin preparations are intended for the correction of dietary inadequacies and the prevention of nutritional deficiencies,"[2] the daily recommendation of a brand upon which you can rely —such as ONE-A-DAY—can be considered a sound investment in health insurance for many of your patients.

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MULTIPLE VITAMINS

Each Tablet Supplies: 1¼ times the adult Minimum Daily Requirement of vitamins A and D_2; 1⅔ MDR of vitamin C; 2 MDR of vitamin B_2 and niacinamide; and 3 MDR of vitamin B_1.

Vitamin A	5,000 U.S.P. Units
Vitamin D	500 U.S.P. Units
Vitamin B_1 (thiamine)	3 mg.
Vitamin B_2 (riboflavin)	2.5 mg.
Vitamin C (ascorbic acid)	50 mg.
Vitamin B_6 (pyridoxine)	1 mg.
Vitamin B_{12}	1 mcg.
Niacinamide	20 mg.
Pantothenic Acid (panthenol)	1 mg.

Bottles of 25, 60, 100, 250 tablets.

References: (1) Recommended Dietary Allowances, Publication 589, National Academy of Sciences, National Research Council, Washington, D. C., 1958, p. 1. (2) Goodhart, R. S., in Wohl, M. G., and Goodhart, R. S.: Modern Nutrition in Health and Disease, ed. 2, Philadelphia, Lea & Febiger, 1960, p. 535.

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Each 5 cc. teaspoonful contains:

'Actidil'® brand Triprolidine Hydrochloride	2 mg.
'Sudafed'® brand Pseudoephedrine Hydrochloride	30 mg.
Codeine Phosphate	10 mg.
Glyceryl Guaiacolate	100 mg.

Dosage: Adults and children over 12 years—2 tsp., 4 times daily. Children 6 to 12 years—1 tsp., 4 times daily. Infants and children up to 6 years—½ tsp., 4 times daily.

Precaution: Although pseudoephedrine hydrochloride causes virtually no pressor effect in normotensive patients, it should be used with caution in patients with hypertension. In addition, even though triprolidine hydrochloride produces only a low incidence of drowsiness, appropriate precautions should be observed.

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By Alfred P. Ingegno, M.D.



Best Rx I've heard for insurance abuse

Dr. John M. Rumsey of San Diego, Calif., is irked by insurance that doesn't cover diagnostic work-up. Like many of us, he's often confronted by the patient who asks to be sent to the hospital for diagnostic studies at the expense of the insurance company. ¶ Dr. Rumsey has developed an effective yet gentle parry for this sort of patient-pressure. He tells the patient: "Mrs. J, I'll be delighted to send you to the hospital for this condition if it's covered by your insurance. Actually, I doubt if it is. But remember, I'm not an insurance expert. And since I represent you—not the insurance company—I must try to keep you from having an unnecessarily large hospital bill if the insurance company should refuse to pay. Why don't you call your agent and ask him if your policy covers selective hospitalization for diagnostic work? If it does, I'll make the reservation as soon as I have his O.K." ¶ As I see it, Dr. Rumsey's approach accomplishes four things neatly and adroitly. He dis-

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If you were treating 25 pregnant, habitual aborters right now, what rate of success could you anticipate?

Lipp[1] administered DEPO-PROVERA to 25 pregnant, habitual aborters who totalled 94 previous successive abortions. Each patient had been under medical treatment for 8 to 48 months. DEPO-PROVERA was started between the third and eighth weeks of pregnancy. Six patients received an average of 5.7 injections of 25 mg., through the twentieth week, and 19 received an average of 4.4 injections of 50 mg. during the same period of time.

The results: The first group of 6 patients delivered 4 viable infants (67% salvage) while the second group of 19 patients delivered 16 (84% salvage). No side effects occurred and there was no evidence of female fetal masculinization.

Consider Intramuscular DEPO-PROVERA and Oral PROVERA for habitual aborters in your own practice:
☐ in parenteral form—a single 50 mg. injection produces a progestational effect for up to 16 days.
☐ in oral form—effective action with small oral dose.
☐ no significant side effects reported during extensive clinical study.

1. Lipp, R.G.: Habitual Abortion—Treatment with Parenteral Medroxyprogesterone Acetate, to be published.

Upjohn

Brief Basic Information

	Description	Indications	Dosage: Threatened abortion	Dosage: Habitual abortion	Supplied
Oral Provera*	Upjohn brand of medroxyprogesterone acetate.	Threatened and habitual abortion, infertility, secondary amenorrhea, functional uterine bleeding.	10 to 30 mg. daily until acute symptoms subside.	1st trim. 10 mg. daily 2nd trim. 20 mg. daily 3rd trim. 40 mg. daily, through 8th month.	2.5 mg. scored, pink tablets, bottles of 25; 10 mg. scored, white tablets, bottles of 25 and 100.
I. M. Depo-Provera*	Each cc. contains: Medroxyprogesterone acetate, 50 mg.; Polyethylene glycol 4000, 28.8 mg.; Polysorbate 80, 1.92 mg.; Sodium chloride, 8.65 mg.; Methylparaben, 1.73 mg.; Propylparaben, 0.19 mg.; Water for injection, q.s.	Threatened and habitual abortion.	50 mg. I.M. daily while symptoms are present, followed by 50 mg. weekly through 1st trimester or until fetal viability is evident.	1st trim. 50 mg. I.M. weekly 2nd trim. 100 mg. I.M. q. 2 wks. 3rd trim. 100 mg. I.M. q. 2 wks. through 8th month.	Sterile aqueous suspension for intramuscular use only, 50 mg. per cc., in 1 cc. and 5 cc. vials.

Precautions: Clinically, Provera is well tolerated. No significant untoward effects have been reported. Animal studies show that Provera possesses adrenocorticoid-like activity. While such adrenocorticoid action has not been observed in human subjects, patients receiving large doses of Provera continuously for prolonged periods should be observed closely. Likewise, large doses of Provera have been found to produce some instances of female fetal masculinization in animals. Although this has not occurred in human beings, the possibility of such an effect, particularly with large doses over a long period of time, should be considered.

Provera, administered alone or in combination with estrogens, should not be employed in patients with abnormal uterine bleeding until a definite diagnosis has been established and the possibility of genital malignancy has been eliminated.

*Trademark, Reg. U.S. Pat. Off.

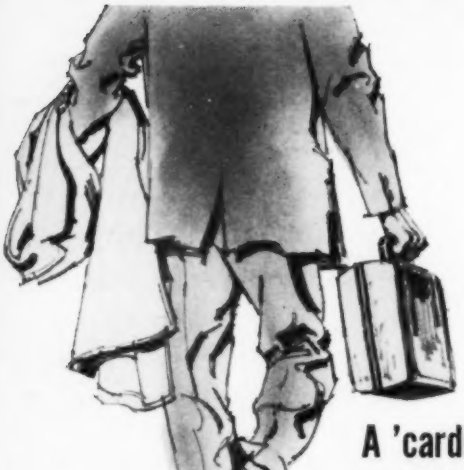
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80%
fetal salvage
in 25
habitual
aborters
with
94 previous,
successive
abortions[1]

Intramuscular **Depo-Provera**

Oral Provera





A 'cardiograph, portable as your "doctor's bag"



It's easy to take the Sanborn "300 Visette®" along on your house calls because it is compact and weighs only 18 pounds, including all accessories. Modern electronics — transistors and printed circuits — make it rugged to withstand the wear and tear on a portable instrument. Yet even with such durability and compactness, there has been no sacrifice in accuracy, dependability, and performance.

In addition to the portable model, Sanborn also offers the "100 Viso", a handsome desk-top ECG with two speeds, three recording sensitivities and provision for recording and monitoring other phenomena. Its mobile counterpart, the "100M Viso", is easily rolled to the patient's bedside in hospitals and clinics.

Ask your Sanborn Branch Office or Service Agency for complete information on the no-obligation 15-day trial period and convenient time payments. **Medical Division, SANBORN COMPANY, 175 Wyman St., Waltham 54, Mass.**

Sanborn service lasts long after the sale . . . from people who *know* your ECG and value *your* satisfaction.

courages the chiseler. He enlightens the uninformed. He shifts the responsibility back where it properly belongs—to the patient and the insurance company. Yet he fosters a good relationship with his patient by a display of friendly concern and cooperation.

Don't put them out to pasture—hire them!

An old friend of mine, Dr. Henry Fineberg, is now the salaried administrative head of the New York state medical society. Only a short time ago, he was its able president. Congratulations are in order for both Dr. Fineberg and the society. But I note the event here not just to praise it and wish it success. There is a moral to be drawn.

Almost every medical society of any size has men of maturity and experience who have voluntarily served it well during their years in practice. They have the requisite qualities of leadership and understanding. In later life, these men should not be put out



a more cheerful today

Desitin Acne Cream hides embarrassing lesions so naturally, acne patients become more cheerful and confident. They can feel and see its gentle drying, peeling, healing effects.



a more hopeful tomorrow

Markedly reducing comedones and pustules,[1,2] by antibacterial action, by opening clogged pores and hastening involution . . . Desitin Acne Cream, as part of a carefully prescribed regimen, helps prevent permanent scarring.

DESITIN® ACNE cream

Invites Regular Use: Flesh-tinted quick-drying, cosmetically elegant. Pleasant to use, greaseless. Combines colloidal sulfur, resorcinol, zinc oxide and hexachlorophene.

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write for samples and reprints

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812 Branch Avenue, Providence 4, R. I.

1. Bleiberg, J.: J. M. Soc. New Jersey, Aug. 1957.
2. Weissberg, G.: Clinical Medicine, Feb. 1958.

Announcing CAPLA™ – to lower blood pressure

Only Capla acts directly on the brainstem centers that control blood pressure

This central action reduces peripheral resistance, lowers pressure.

Capla is a new kind of drug to treat hypertension. Chemically, Capla is 2-methyl-2-*sec*-butyl-1, 3-propanediol dicarbamate. It is unrelated chemically to any other antihypertensive agent.

New therapy

Capla is effective alone in the treatment of mild to moderate hypertension, and can be combined with diuretics or peripherally acting antihypertensives in more severe cases.

Exceptionally well tolerated

Capla acts rapidly, producing substantial blood pressure reduction within two hours, yet does not produce postural hypotension. It has proved exceptionally well tolerated in clinical use and has no known contraindications. Capla has not produced changes in renal, hematological, hepatic or endocrine functions.

Compatible with other drugs

Hypertensive patients with other disorders can receive Capla alone with other medications.

For example, patients with congestive heart failure, angina, and diabetes mellitus can receive Capla along with such medications as digitalis, nitrates, and insulin—without aggravating these other disorders.

Literature and samples to physicians on request

a new drug that works in a new way without serious side effects

Capla lowers blood pressure without serious side effects

In 755 hypertensive patients treated with Capla, the only side effect observed with any frequency was mild, usually transient, drowsiness.

CAPLA™

CENTRAL ACTING PRESSURE LOWERING AGENT

Wallace Laboratories

Cranbury, New Jersey

Capla is effective therapy without the unpleasant and serious side effects which often cause patients to abandon treatment. Side effects, when they do occur, are mild and usually transient. Transient drowsiness sometimes occurs, usually at higher dosage.

Patients on Capla often report a mild calming effect which, together with Capla's unusual freedom from side effects, makes therapy gratifying for both patient and physician.

Effective in clinical use

Average reductions in systolic and diastolic blood pressure reported with Capla. (755 patients)

	BEFORE	AFTER
MILD (403 patients) (Diastolic B.P. up to 100 mm. Hg)	183/93	159/85
MODERATE (249 patients) (Diastolic B.P. from 101 to 115 mm. Hg)	197/108	169/94
SEVERE (103 patients) (Diastolic B.P. over 116 mm. Hg)	208/120	162/90

Usual dose, Capla 300 mg., q.i.d.—duration of therapy, 3 weeks to over 1 year. These data show Capla reduces both systolic and diastolic pressure, usually in proportion to initial pre-treatment elevations.

Recommended Dosage: **One 300 mg. tablet three or four times daily, before meals and at bedtime. Dosage should be adjusted to individual requirements.**
Composition: **Each white, scored tablet is 300 mg. of Capla (mebutamate, Wallace).**
Supplied: **Bottles of 100 tablets.**

Clinical and Pharmacological Reports 1. Berger, F.M., Douglas, J.F., Kletzkin, M., Ludwig, B.J., and Margolin, S.: The Pharmacological Properties of 2-methyl-2-sec-butyl-1, 3 propane diol dicarbamate (mebutamate, W-583), a New Centrally Acting Blood Pressure Lowering Agent. J. Pharmacology. In press, 1961. 2. Berger, F.M., and Margolin, S.: A Centrally Acting Blood Pressure Lowering Agent (W-583). Fed. Proc. *20:* 113 1961. 3. Bohensky, F.S.:Mebutamate, a New Drug for the Treatment of Hypertension, N. Y. State J. Med. In pres 1961. 4. Diamond, S. and Schwartz, M.: Blood Volume in Uncomplicated Essential Hypertension. Modern Med. In press, 1961. 5. Douglas, J.F., Ludwig, B.J., Ginsberg, T. and Berger, F.M.: Studies on W-583 Metabolism, Fed. Proc. *20:* 113 1961. 6. Duarte, C., Brest, A.N., Kodama, R., Naso, F., and Moyer, J.H., Observation on the Antihypertensive Effectiveness of a new Propanediol Dicarbamate (W-583). Curr. Therap. Res. *2:* 148-52 May, 1960. 7. DuChez, J.W., Scientific Exhibit, American Medical Association, New York, 1961. 8. Holloman, J.L.S., Jr.: Treatment of Hypertensive Patients with Mebutamate, a new Antihypertensive drug—A Preliminary Report. J. Nat. Med. Assoc. In press, 1961. 9. Kletzkin, M., and Berger, F.M.: A centrally Acting Antipressor Agent. Fed. Proc. *20:* 113 1961. 10. Leslie, C.H.: The Efficacy of Mebutamate, A New Antihypertensive Drug, in the Treatment of Refractory Geriatric Hypertensive Patients—A Preliminary Report. J. Am. Geriatrics Soc. In press, 1961. 11. Mulinos, M.G., Scientific Exhibit, Amer. College of Cardiology, New York, May, 1961. 12. Mulinos, M.G., Salteford, S., Boyd, L.J., and Cronk, G.A.: Human Pharmacology Studies with W-583. Fed. Proc. *20:* 113 1961. 13. Shubin, H., Scientific Exhibit, American College of Cardiology, New York, 1961. 14. Turek, L.H.: Clinical Evaluation of Mebutamate, an Antihypertensive Agent: Preliminary Report. Clinical Med. *8:* 7 1961.

to pasture; they should be hired.

This is not to disparage the nonmedical people who serve the profession well. Many of them have an extraordinary understanding of medicine and its problems and play a constructive role in medical affairs. But such men are rare; the demand for full-time people in sensitive spots in medical societies exceeds the supply.

We have a reservoir of doctors with demonstrated ability in medical society affairs. Let's tap that reservoir and induce such men to take full-time administrative jobs with medical societies. It's foolish to neglect these resources in our own profession, while we scramble futilely for comparable talents outside it. No one can understand the needs and problems of doctors better than doctors themselves.

Intra-Venus

When I asked my substitute aide to call the hospital about a hysterectomy patient I had operated on earlier in the day, this conversation resulted: Floor nurse to aide: "The patient's resting fairly comfortably and getting I.V.s." Aide to me: "Your patient is comfortable, but she's getting ideas." Me to aide: "What kind of ideas?" Aide to floor nurse: "What kind of ideas is the patient getting?" Floor nurse: "The usual kind, of course." Me (grabbing phone) to floor nurse: "How on earth can she be getting ideas on her first post-op day!" Floor nurse: "Why, you ordered them for her yourself. I've got it right here over your signature: '100 cc. of 5% glucose.' "—*M.D., Massachusetts*



...does she know that only **you** can help?

Many patients are unaware that their physician is the best source of contraceptive advice. Your prescription for Ortho-Gynol or Ortho-Creme with a diaphragm assures her the best available contraceptive protection. Accurate tests* for spermicidal potency, as well as years of clinical use, demonstrate that ORTHO contraceptive products are instantaneously spermicidal. The choice between Ortho-Gynol and Ortho-Creme is one of individual esthetic preference.

Ortho-Gynol® vaginal jelly

Ortho®-Creme vaginal cream

*The spermicidal potency of all ORTHO products is controlled by the **Titration Test** and the **Sander-Cramer Test**, which more closely duplicate vaginal conditions during coitus than other tests.

WHENEVER A DIAPHRAGM IS INDICATED

Ortho



ERYTHROCIN Stearate is—and has been—considered one of the safest antibiotics in practice. After millions of prescriptions, *there hasn't been a single report implicating it with damage to the kidneys . . . the liver . . . or the blood-forming organs.*

But Erythrocin is more than just a safe antibiotic. It's also a potent agent with bactericidal activity against many of the everyday infections you encounter. Whenever a coccal infection is involved—*and this includes many staphylococci that have developed resistance to penicillin and the tetracyclines*—Erythrocin may well be considered the drug of choice.

When it comes to patient-sensitivity to penicillin, many physicians consider this point alone an important reason for prescribing Erythrocin. Allergic reactions may occur, of course. But sensitivity to Erythrocin is so rarely encountered *that it is seldom considered an obstacle to treating patients.*

XUM



You'll find Erythrocin available in a complete line of dosage forms—*including the only intramuscular product in the erythromycin field.* The Filmtab® tablets come in two compact sizes, 100 and 250 mg. There's also a ready-mixed, citrus-flavored oral suspension, a form for intravenous use and even a combination with the triple sulfas.

*Filmtab—Film-sealed tablets, Abbott

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FOR SAFETY...FOR EFFECTIVENESS

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ANNOUNCES THE FIRST SELECTIVE TENSITROPIC

L I S T I C A®

I am pleased to inform you of the latest development in our Company's continuing research for superior chemotherapeutic agents.

For patients suffering from tension/anxiety states, we are offering the medical profession Listica— a new and selectively different monocarbamate. Frankly, we would be hesitant about entering a field already crowded with good drugs were it not for the marked differences Listica presents.

Listica is **not** "just another tranquilizer." We, therefore, call it **The First Selective Tensitropic**. Here are the reasons why:

New Listica allays tension/anxiety in as many as 89% of cases by selectively inhibiting impulses through internuncial pathways of the central nervous system. However, it does not affect the unconditioned response; thus, Listica does not induce apathy or impair acuity.

The past three and one-half years of clinical studies have demonstrated the safety and efficacy of Listica in 1,759 patients. There have been **no reports of contraindications, toxicity, habituation or serious side effects.**

One tablet q.i.d. is adequate dosage to allay tension/anxiety, maintain acuity, and promote **eunoia***—"a normal mental state." This simple, effective dose remains the same, even in maintenance therapy.

We are sending you samples and published clinical reports on Listica. We will be happy to send you a copy of the first "Symposium on Hydroxyphenamate" on request. I believe you will find Listica a valuable addition to the arsenal of chemotherapeutics for combatting tension/anxiety in your practice.

Robert A. Hardt

Robert A. Hardt, President

P.S.: Physicians who prefer generic names prescribe "Hydroxyphenamate, Armour."

LISTICA—Hydroxyphenamate, Armour. ©1961, A.P. CO. *Stedman's Medical Dictionary.

You're telling us!

Medical Economics, December 18, 1961

Relatives are poison

SIRS: "Hire a Relative? It Makes Economic Sense" may be an excellent idea from a tax standpoint, but for employe relations the advice is just plain poison. As the executive secretary of our county medical society, I've found that an office with an employed relative usually becomes a human-relations mess that's impossible to straighten out as long as the relative remains on the doctor's payroll.

Our society placement service has one hell of a time getting nurses and secretaries to work in such an office. (No signature, please, or the women's auxiliary will run me out of town!)

—Executive secretary

Are doctors that bad?

SIRS: Must MEDICAL ECONOMICS blazon its otherwise delightful pages with the alleged misdeeds of what must be a very small number of practitioners? Plenty of people will be ready to quote and misquote your words. Can you imagine a trade union telling the public about its "bad apples"?

—John Hughes, M.D.
Poquoson, Va.

SIRS: Nothing more warmly reinforces our self-assurance than revealing another's misdiagnosis or ill-conceived therapy. It's a predilection we all enjoy. But it's pretty ugly to give it sadistic projection into a kangaroo court, as some doctors seem to advocate doing.

—John C. Magill, M.D.
St. Petersburg, Fla.

SIRS: The sorest spot in medicine isn't what others are doing to physicians, but what physicians are doing to their colleagues. This is particularly true in hospitals, where the big wheels keep the little cogs in a virtual state of bondage that's not been paralleled since feudal times.

—Paul B. Ferrary, M.D.
Paterson, N.J.

SIRS: I'm 33 years old and have practiced for ten years. Am I correct in believing that it's always the older doctors who make statements such as: "The

bad-doctor problem exists chiefly among the younger men"? Well, I've noticed two faults that are exclusive to *older* doctors: Many of them feel their colleagues are enemies or competitors. And many of them, when they're so old they can't see, hear, or think clearly, continue to take people's lives in their hands.

—W. S. Pennington, M.D.
Athens, Ala.

A union for M.D.s

SIRS: Some doctors have suggested that a medical union might be our best weapon in the fight against socialized medicine. But unions exist only because their members aren't equipped to negotiate on an individual basis. Do we wish to destroy our professional standing by admitting we can't cope with our own problems, but must depend on mass pressure?

—M.D., Maryland

Stay out of politics?

SIRS: Doctors may have fallen so low in the public's esteem because we talk too much! We've knocked ourselves off our old pedestal by taking part in politics, by defending ourselves when it isn't necessary, and by generally identifying ourselves with the ordinary lay person.

—M.D., Wyoming

SIRS: I can't see that individual activity in politics is a very effective solution to doctors' problems. It's the A.M.A. that must do something dramatic and appealing to win back sympathetic public opinion. I've never seen a television program or an article in a popular magazine that chronicles the years of struggle and training and financial privation in a doctor's life. Yet I feel that such a story would have a wide appeal for the public.

—M.D.'s wife, California

Socialized medicine

SIRS: Because of our continuous carping on socialized medicine, the people have stopped listening to us. Or at least they've stopped believing us. It's too late to call their atten-

XUM

Increasingly...
the
trend is to
Terramycin®
OXYTETRACYCLINE WITH GLUCOSAMINE
confirmed dependability in otitis media is just one reason why



XUM

*New evidence** demonstrates the effectiveness of Terramycin in *otitis media* . . . another reason for the trend to Terramycin.

In a series of 41 cases of otitis media, Terramycin not only "was often successful where other antibiotics had failed," but also showed that "it is extremely well tolerated"; oral dosage for infants was 250 to 375 mg. daily, for children, 500 mg. to 1 Gm. In many instances, oral therapy was preceded by intramuscular injection of Terramycin.

The authors concluded that "there is good reason to consider it [Terramycin] one of the most effective agents for treatment of infection of the upper respiratory tract."

These findings confirm the continuing vitality and broad-spectrum dependability of Terramycin, as reported through more than a decade of extensive clinical use.

Terramycin®

OXYTETRACYCLINE WITH GLUCOSAMINE

SYRUP PEDIATRIC DROPS

125 mg. per tsp. and 5 mg. per drop (100 mg./cc.), respectively

deliciously fruit-flavored aqueous dosage forms—conveniently preconstituted

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*Jacques, A. A., and Fuchs, V. H.: J. Louisiana M. Soc. 113:200, May, 1961.

CHILDREN'S HOSPITAL
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In brief

The dependability of Terramycin in daily practice is based on its broad range of antimicrobial effectiveness, excellent toleration, and low order of toxicity. As with other broad-spectrum antibiotics, overgrowth of nonsusceptible organisms may develop. If this occurs, discontinue the medication and institute appropriate specific therapy as indicated by susceptibility testing. Glossitis and allergic reactions are rare. Aluminum hydroxide gel may decrease antibiotic absorption and is contraindicated.

More detailed professional information available on request.

another reason why the trend is to Terramycin—*versatility of dosage forms*

TERRAMYCIN Capsules
250 mg. and 125 mg. per capsule—for convenient initial or maintenance therapy in adults and older children

TERRAMYCIN Intramuscular Solution
50 mg./cc. in 10 cc. vials; 100 mg. and 250 mg. in 2 cc. ampules—preconstituted, ready to use where intramuscular therapy is indicated

tion to the facts. Whenever we try to do that, we only convince the people that we're motivated by self-interest. The solution? I say let's stop hacking away at a branch (socialized medicine) and go after the whole evil tree of socialism and its twin, communism.

—James H. Ford, M.D.
Lynwood, Calif.

Let John Birch speak

SIRS: You express a desire to publish both sides of any dispute. If you can be generous to the enemies of our profession, you might at least be as anxious to give space to patriotic groups like The John Birch Society.
—M.D., Kentucky

Both sides of The John Birch Society controversy will be presented in the next issue of MEDICAL ECONOMICS.—ED.

Blue Shield blues

SIRS: My pet gripe is the inequity of standard Blue Shield fees in some cases. On several occasions, I've made photographs of severe burns and extensive traumatic conditions, and sent them along with the claim forms. It has helped.
—F. D. Willey, M.D.
Versailles, Ky.

SIRS: If Blue Cross-Blue Shield would fulfill its moral obligation to subscribers by furnishing lucid information on its coverage *and* its limitations, we physicians would seldom be required to prod the patient's conscience. Has a motorist ever presented his automobile insurance policy in partial or full payment of his gas and oil bill?
—Jim S. Jewett, M.D.
Coral Gables, Fla.

Chiros busy as flies

SIRS: Your writer of "Chiropractic is Cracking Up!" evidently made no study of the situation here in New Hampshire. Since chiropractors aren't allowed to practice in Massachusetts, our New Hampshire border towns have them as thick as flies in fly time. One town has sixteen chiropractors and not one M.D.! All these men are

ULCER UNDER REPAIR
ROBANUL AT WORK!



now! glycopyrrolate, Robins—1.0 mg.

ROBANUL™



first of the rigid-ring anticholinergics[1]

STOPS PAIN STARTS HEALING

Within 90 minutes, Robanul produces—and maintains for 6 to 10 hours—those nearly ideal pharmacologic healing conditions that spell prompt relief of ulcer pain and epigastric discomfort.[2]

Robanul shows an unsurpassed capacity for reducing gastric acid in volume **and** concentration.[3] And as an antispasmodic, it is particularly well-suited to treating duodenal ulcer since its most consistent spasmolytic effect has been noted in the gastric antrum.[4]

Using a chemotherapeutic application of the ingenious rigid-ring molecular concept,[1] Robanul's ionic elements are built onto a five-sided ring that cannot vary appreciably in shape. With its reactive sites thus 'locked' at fixed atomic distances, Robanul molecules tend to fit more often the particular shape of the cellular receptor sites in the g.i. tract that ordinarily accept acetylcholine molecules. Biochemists theorize that it is this cellular selectivity that accounts for Robanul's predominantly gastrointestinal specificity, its anticholinergic potency, and its exceptional low incidence of typical side effects.

ROBANUL-PH glycopyrrolate, 1.0 mg.; phenobarbital (¼ gr.), 16.2 mg.

Additional information is available at your request, either from the Medical Department, A. H. Robins Co., Inc., or through your local Robins representative.

references: 1. Franko, B. V., and Lunsford, C. D.: Derivatives of 3-Pyrrolidinols-III. The Chemistry, Pharmacology, and Toxicology of some N-substituted-3-Pyrrolidyl" Substituted Phenylacetates, J. Med. Pharmaceut. Chem. 2:523, 1960. 2. Clinical reports from 42 investigators on file in the Medical Dept., A. H. Robins Co., Mar. 1961. 3. Moeller, H. C.: Physiological Effect and Clinical Evaluation of Glycopyrrolate in Peptic Ulcer Disease, presented at the N. Y. Acad. of Sci., Oct., 1961. 4. Breidenbach, W. C.: investigative clinical report, March 1961.

A. H. ROBINS COMPANY, INC., RICHMOND 20, VIRGINIA


Safe & Sound

busy. And the majority of their patients are not, as your article says, "elderly people." A great many are families with young children.

—Mrs. Roger N. Blake
Hampton, N.H.

Countering the Commies

SIRS: I was impressed and shocked by your excellent selections from Major Alexander P. de Seversky's book "America: Too Young to Die!" I suggest that every doctor urge his Congressman to familiarize himself with Major de Seversky's concepts.

In the past, the medical profession, acting in concert, has made an important impact on our national life. We can—and must—do it again in our present crisis.

The recommendations in Major de Seversky's previous book, "Victory Through Air Power," ultimately led to vast changes in our national defense system. Once again, this man has shown the way toward the sort of forthright, scientifically sound action that will enable us to



eep is sound, sleep is secure with oriden. Five years' clinical experince has proved its wide margin of fety, has made it the most widely escribed nonbarbiturate sedative. he clinical safety of Doriden — in rms of minimal side effects,[1,2] bsence of respiratory depression,[1-4] nd lack of adverse effects on liver,[5] idney,[1,5] and blood[1,5] — has been onfirmed repeatedly. Weston,[6] for ample, concluded: "The drug is a fe and effective hypnotic in doses nging from 0.25 to 0.5 gm. and oduces six to eight hours of sleep." r all the benefits of safe and sound eep—prescribe Doriden.

PPLIED: Capsules, 0.5 Gm. (blue and white). blets, 0.5 Gm. (white, scored), 0.25 Gm. (white, ored) and 0.125 Gm. (white).

FERENCES: 1. Blumberg, N., Everts, ., and Goracci, A. F.: Pennsylvania J. 59:808 (July) 1956. 2. Matlin, M. Times 84:68 (Jan.) 1956. Hodge, J., Sokoloff, M., and nco, F.: Am. Pract. & Digest at. 10:473 (March) 1959. 4. Burs, H. M., and Borromeo, V. H. J.: J. . 76:456 (Oct.) 1956. 5. Lane, A.: New York J. Med. 55:2343 . 15) 1955. 6. Weston, D. T.: rnal-Lancet 76:7 (Jan.) 1956.

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XUM



SUCCESSFUL FAMILY PLANNING... BASED ON YOUR COUNSEL AND **LANESTA® GEL**

Every young couple about to be married needs advice of all sorts, and they'll get it, too – from everybody – some good, some bad. But some of the most valuable counsel they can get – help in planning their own family – comes best from you. Their family happiness for many years can depend on what you suggest to them, including your recommendation for the use of Lanesta Gel.

Lanesta Gel, with or without a diaphragm, is a most effective means of conception control. Lanesta Gel offers faster spermicidal action because it rapidly diffuses into the seminal clot. In fact, Gamble ("Spermicidal Times of Commercial Contraceptive Materials–1959"*) *found the mean diffusion spermicidal time of Lanesta Gel to be three to seven times faster than the mean diffusion times of ten leading commercial contraceptive creams, gels, or jellies.*

Lanesta Gel has complete esthetic acceptance and is well tolerated.

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Supplied by Esta Medical Laboratories, Inc., Alliance, Ohio

*Gamble, C. J.: Am. Pract. & Digest. Treat. *11*:852 (Oct.) 1960.

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meet the Communist menace. He deserves our support and that of our elected representatives.

—W. D. Snively Jr., M.D.
Evansville, Ind.

SIRS: Perhaps there might be a higher goal to which man might consecrate his death than Major de Seversky's bigger and better war?

—Charles Harris, M.D.
Elkins Park, Pa.

SIRS: I was amused by Major de Seversky espousing his usual viewpoint that control of aerospace will win a war. Strategic bombing didn't win the last war. The fancy B-29 bases in China had to be evacuated and destroyed when Japanese infantry moved overland against them. We can send the Nike Zeus against the ICBM and the manned bomber, sure. But after the missiles have been fired and the counter-missiles have popped, it's still the infantry that will have to move in to defeat the enemy and occupy his territory.

—Paul J. Kopsch, M.D.
Lorain, Ohio

Effective Non-Systemic
ANTACID



for patients away from home

BiSoDoL Mints are easy to carry in pocket or purse and afford prompt relief from gastric hyperacidity. They possess prolonged neutralizing properties, soothe irritated stomach membranes and help restore the normal pH in the stomach. BiSoDoL Mints preclude acid rebound. A convenient and effective non-systemic antacid. Free from sodium ion.

COMPOSITION:
Magnesium Trisilicate, Calcium Carbonate, Magnesium Hydroxide, Peppermint.

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You and your patients

should read

the story beginning on page 69—

December, Reader's Digest.

It deals tersely and thoughtfully

with major issues

raised in the investigation of

the prescription drug

industry.

This message is brought to you on behalf
of the producers of prescription drugs.
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ENOVID closely mimics the balanced progestational-estrogenic action of the functioning corpus luteum. This action is readily understood by a simple comparison. In effect, ENOVID *induces a physiologic state which simulates early pregnancy.* Output of pituitary gonadotropin is inhibited and ovulation suspended; a pseudodecidual endometrium ("pseudo" because neither placenta nor fetus is present) is induced and maintained.

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THE BASIC APPLICATIONS

1. Correction of menstrual dysfunction. *Emergency* treatment of severe dysfunctional uterine bleeding is promptly effective following the administration of ENOVID in larger doses. *Cyclic* therapy with ENOVID controls less severe dysfunctional uterine bleeding. In amenorrhea *cyclic* therapy with ENOVID establishes a pseudodecidual endometrium providing the patient has endometrial tissue capable of response.

2. Ovulation suppression (to suspend fertility). For this purpose ENOVID is administered *cyclically,* beginning on day 5 through day 24 (20 daily doses). The ovary remains in a state of physiologic rest and there is no impairment of subsequent fertility. When ENOVID is prescribed for this *cyclic* use over prolonged periods, a total of twenty-four months should not be exceeded until continuing studies indicate that its present lack of undesired actions continues for even longer intervals. Such studies are now in their seventh year and will regularly be reviewed for extension of the present recommendation.

3. Adjustment of the menses for reasons of health or other special circumstances considered valid in the opinion of the physician. For this purpose ENOVID may be started at any time in the cycle up to one week before expected menstruation. Upon discontinuation, normal cyclic bleeding occurs in three to five days.

4. Endometriosis. *Continuous* therapy with ENOVID corrects endometriosis by producing a pseudodecidual reaction with subsequent absorption of aberrant endometrial tissue.

5. Threatened and habitual abortion. ENOVID should be used as *emergency* treatment in *threatened abortion. Continuous* therapy with ENOVID in *habitual abortion* provides balanced hormone support of the endometrium, permitting continuation of pregnancy when endogenous support is otherwise inadequate.

6. Endocrine infertility. ENOVID has been used successfully in *cyclic* therapy of endocrine infertility, promoting subsequent pregnancy through a probable "rebound" phenomenon.

THE BASIC DOSAGE

Basic dosage of ENOVID is 5 mg. daily in *cyclic* therapy, beginning on day 5 through day 24 (20 daily doses). Higher doses may be used with complete safety to prevent or control occasional "spotting" or breakthrough bleeding during ENOVID therapy, or for rapid effect in the *emergency* treatment of dysfunctional uterine bleeding and threatened abortion. ENOVID is available in tablets of 5 mg. and 10 mg. Literature and references, covering more than six years of intensive clinical study, available on request.

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a more clinically useful diuretic/antihypertensive

IN BRIEF

RENESE (polythiazide) is a new, highly potent, orally effective, nonmercurial diuretic, saluretic, and antihypertensive agent with a high therapeutic index, low order of toxicity, and an intrinsically prolonged duration of action which enhances the excretion of sodium and chloride by the renal tubules.

INDICATIONS: RENESE is indicated for the treatment of hypertension and edema. It has been found useful in congestive heart failure, fluid retention of pregnancy, premenstrual tension, obesity (where fluid retention is present), renal edema, cirrhosis, drug-induced edema, and toxemia of pregnancy.

ADMINISTRATION AND DOSAGE: *Initial dose:* Depending on the severity of the conditions, initial doses of RENESE may range from 1 mg. to 4 mg. daily (refractory cases may require as much as 12 mg. daily). *Maintenance dose:* Usual effective maintenance doses range from 1 mg. to 4 mg. daily, depending on the severity of the cases. Some patients have responded to 1 mg. every other day (0.5 mg. daily).

SIDE EFFECTS AND PRECAUTIONS: Since all diuretic agents may reduce serum levels of sodium, chloride, and potassium, patients on RENESE should be observed regularly for early signs of fluid or electrolyte imbalance. Caution must be exercised during digitalis administration to prevent hypokalemia since patients are then more sensitive to the development of digitalis toxicity. During RENESE therapy of edema in patients with chronic renal disease, routine precautions should be taken against renal failure as indicated by an increasing blood urea nitrogen. Like other thiazide diuretics, RENESE may cause a rise in serum uric acid levels and should therefore be used with caution in patients with gout. Should overt manifestations of gout appear, the concomitant use of uricosuric agents may be effective in relieving the symptoms. Side effects with RENESE, such as nausea, vertigo, weakness, and fatigue are infrequent and seldom require cessation of therapy. Most of these reactions may be overcome by reducing the dose of RENESE or by taking measures to improve any electrolyte imbalance. Mild maculopapular skin rash has been rarely reported. Extra precautions may be necessary in patients who may require norepinephrine, or curare or its derivatives.

SUPPLIED: RENESE is available as 1 mg., white, scored tablets in bottles of 30; 2 mg., yellow, scored tablets in bottles of 30; 4 mg., white, scored tablets in bottles of 30.

More detailed professional information available on request.

new Renese® POLYTHIAZIDE

1 mg. 2 mg. 4 mg.

A MORE CLINICALLY USEFUL
DIURETIC/ANTIHYPERTENSIVE

active antihypertensive	marked micturition
broad benefit	notable natruresis
clinically confirmed	orally optimal
convenient control	peak potency
dosage dexterity	prolonged performance
dependable diuresis	reliable response
enhanced effectiveness	significant saluresis
foremost flexibility	tested toleration
increased individualization	unsurpassed utility
long lasting	valuable versatility

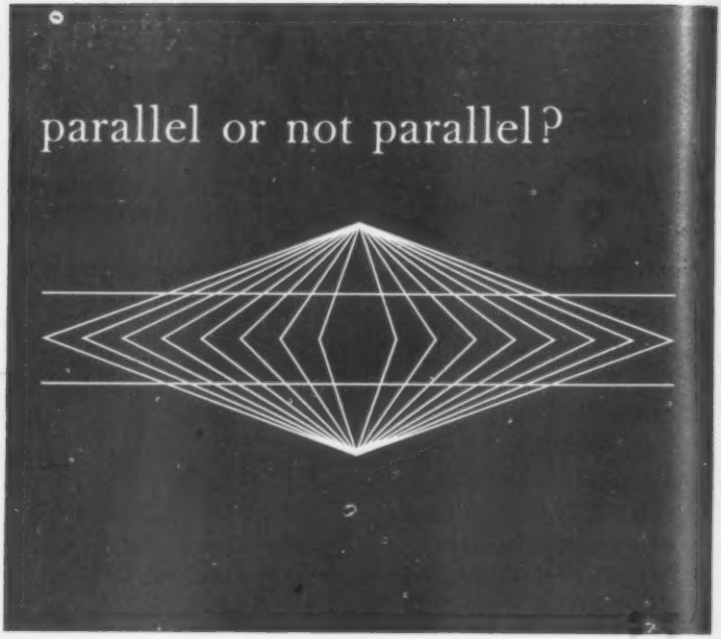
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1. Ford, R. V.: Current Therap. Res. 3:320, July, 1961.

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69



Interesting . . . how the parallel lines seem to curve—even when you know they're perfectly straight.

Another illusion takes place when we try to compare two oral penicillins. If only the price of the drugs were to be considered, the choice would be clear. But isn't it what a drug *does* that counts?

V-Cillin K® achieves two to five times the serum levels of antibacterial activity (ABA) produced by oral penicillin G.[1] Moreover, it is highly stable in gastric acid and, therefore, more completely absorbed *even in the presence of food*. Your patient gets more dependable therapy for his money . . . and it's therapy—not tablets—he really needs.

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prescribe V-Cillin K in scored tablets of 125 and 250 mg. V-Cillin K, Pediatric, in 40 and 80-cc.-size packages. Each 5 cc. (approximately 1 teaspoonful) contain 125 mg. (200,000 units) penicillin V as the crystalline potassium salt.

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1. Griffith, R. S.: Antibiotic Med. & Clin. Therapy, 7:129, 1960.

Product brochure available; write Eli Lilly and Company, Indianapolis 6, Indiana.

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Medical Economics
December 18, 1961

How to manage health check-ups more efficiently

Preventive medicine doesn't pay, say these doctors, unless you spread examinations over several visits

By Garrett Oppenheim

"Many more patients ask for check-ups today than when I started in practice," a seasoned generalist remarks. He's one of more than 700 G.P.s and internists who took part in this magazine's study of health exams. And the study bears him out: Three out of every five check-ups today are suggested not by the doctor but by the patient.

This pressure to perform health exams poses a problem for the physician. How can he practice good preventive medicine without spending more time on it than the patient is willing to pay for? (The going rates for typical check-ups are $16 per hour for G.P.s and $25 per hour for internists, according to this survey.) Quite a few of the doctors questioned have worked out their own answers. The following four may be practicable for you:

1. Split the check-up into two or three visits. "That way," remarks a New England G.P., "you can schedule visits to suit your office load. I don't feel I'm losing money when these visits are timed conveniently." A Midwestern G.P. adds this comment: "Splitting up the procedures gives them more worth in the patient's mind than per-

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forming them all during one visit. It's then easier to place a realistic value on the time you put into an exam."

And it's easier for the patient to pay the resultant bills, other doctors point out, if the check-up is done in three phases at two-week intervals. Total charges can then be spread over two months.

A Kentucky G.P. splits his health check-ups even finer: "When a patient first comes in



"The often-heard complaint that people don't want to pay a doctor for finding nothing wrong with them isn't as valid as it used to be," asserts Dr. S. R. Denzler, a New Mexico G.P. "Thanks to medical education of the public, people today are far more willing to invest in preventive medicine. I don't lose money on check-ups."

with, say, a cold, I check the whole respiratory system and recommend a follow-up in two weeks. At that time I check another system. And so on, until the patient's had a complete exam—sometimes without ever realizing it! This minimizes the strain on both of us and maximizes the patient's appreciation."

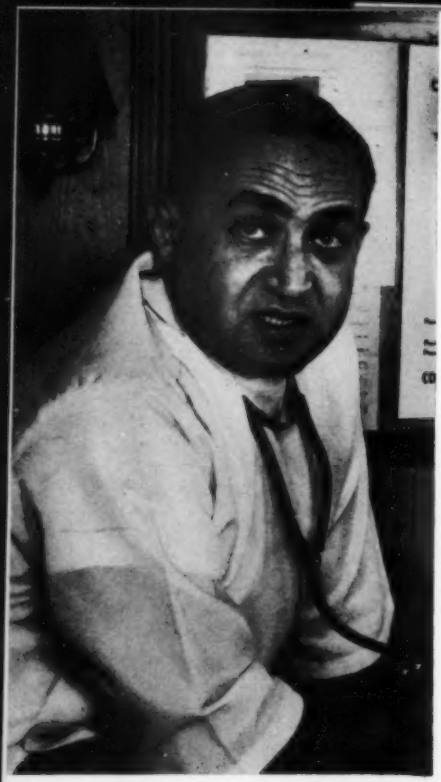
The doctors who split their check-ups find this is good clinical practice, too. "It enables me to do a more thorough job," says one. "It takes two or three visits to find out what's really bothering the patient," adds another.

2. Have the patient *fill out the history form.* Says a West Virginia G.P.: "I've worked out a simplified history form that the patient can fill out himself before coming in for his check-up. He can get his family's help if he needs it to get his facts straight. With this routine background filled in, I can make much more effective use of my time with him."

It's not necessary to devise your own history form for this purpose. Cornell University



"I often spread a check-up over months or years," says Nevada Internist John M. Read. "I work out a plan with the patient to accumulate a medical portfolio by adding one or more screening tests each visit, depending on his age, symptoms, etc. That way there's no financial strain put upon either of us."



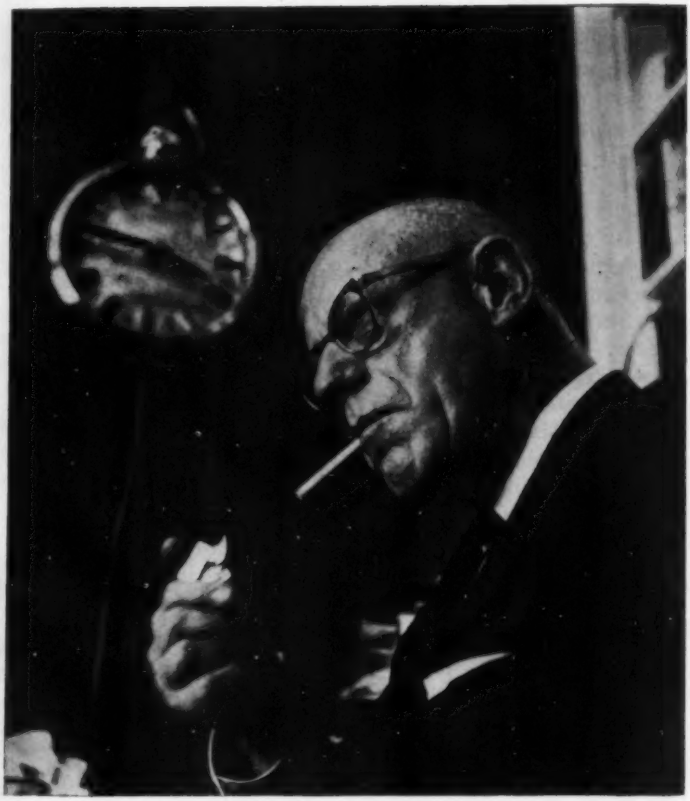
Many M.D.s find it pays to tell a patient all about check-ups before giving him one. "I send new patients a letter stating that check-ups are available in my office," says Dr. Herbert J. Lipson, a G.P. in Baldwin, N.Y. "My letter explains procedures and fees in detail. I find that such advance information eliminates the bad feeling patients are apt to display when they get the bill for an examination."

Medical College has designed one that a good many of the surveyed doctors say they use. Some add that this method of getting a history saves the patient embarrassment. All attest that it saves the doctor's time.

3. Review the systems during the physical. "The more I talk during the history-taking," says a Washington, D.C., internist, "the more my patients seem to clam up. I've learned it's better to ask just a few leading questions then. Later, when I'm doing the physical, it's easy to ask about the systems in a casual way. Faster, too."

4. Itemize your findings—and your bill. The time spent on this will benefit you in improved patient-relationships, many surveyed doctors say. A Wyoming internist remarks: "Patients often get all kinds of high-priced lab tests but no explanation by their doctors of what the tests show. No wonder they think the fees they've been charged are outrageous!"

Fortunately, the survey shows, quite a few practitioners do explain the results of their health examinations. Some



"Any patient of our group who needs a check-up gets it, regardless of his ability to pay," reports Kansas Internist Philip W. Morgan. "If that sounds like poor economics, consider these two facts: For two years our collection rate has been running over 95 per cent, and my income is well above the national average for internists."

further and give the patient a written report summarizing the findings, the recommendations, the instructions about medicines, etc. Says one such doctor: "A written report is ideal for answering family questions. It's especially useful when a patient moves to another town."

A summary of the health examination findings is also helpful when billing for a health check-up. As a Colorado internist points out: "An elaborate health examination is likely to leave the patient quite confused about what services he's received. Itemizing the bill not only refreshes his memory, but educates him to the value of your preventive services."

Usually, 'I'm well' is true; 'I'm ill' isn't

Are patients pretty good judges of their own health? Yes, if they think they're well; no, if they think they're ill. This was disclosed recently when MEDICAL ECONOMICS questioned G.P.s and internists around the country about their most recent health examinations. If the patient came in thinking he was well, the check-up confirmed him in the great majority of cases. But if he thought he was sick, he was likely to be found well.

'Let surgical residents handle insured patients'

Allowing residents to care for unassigned, unreferred patients with health insurance would be a "straightforward approach" in solving the problem of providing necessary operative experience for the surgeon in training. So says Dr. Herman E. Pearse, professor of surgery at the University of Rochester School of Medicine and Dentistry.

Addressing a recent conference on graduate medical education at Beverly (Mass.) Hospital, Dr. Pearse said the growth of health insurance plans has had a "catastrophic effect on residency training in surgery" at nongovernmental hospitals because it has caused a decline in the number of clinic patients.

But if residents were allowed to care for insured patients, they'd experience the "graded, progressive responsibility under supervision that is the basic principle of the residency system." The fees they collected, Dr. Pearse says, could be accredited to the hospital's attending staff and used to improve the educational and economic conditions of its house officers.

Dr. Pearse is strongly critical of the subterfuges sometimes used at present to make it possible for residents to gain operative experience: "The commonest expedient is to allow the resident to assume more responsibility in operations on private patients. If this is carried to the point of lack of supervision by the responsible surgeon, then it is dishonest, for the resident becomes a 'shadow surgeon.' Worse, it sets an example for a man, at an impressionable age, to ignore legal and ethical responsibility in order to attain a justifiable goal. Such a haphazard arrangement cannot be the permanent basis for a training program."

Indian givers

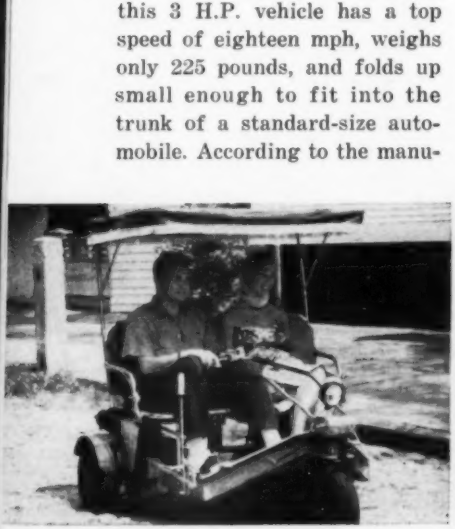
Memo from the Hospital Service Plan of New Jersey to hospital administrators: "We received word from the . . . Government-Wide Service Benefit Plan that the definition of physician had been changed to include Doctor of Surgical Chiropody (D.S.C.) and Doctor of Osteopathy (D.O.) when acting within the scope of their licenses. However, in no event shall the removal of corns or calluses, or the trimming of nails, be considered a benefit under this contract."
—*Henry A. Davidson,* M.D.

Want a car just for fun

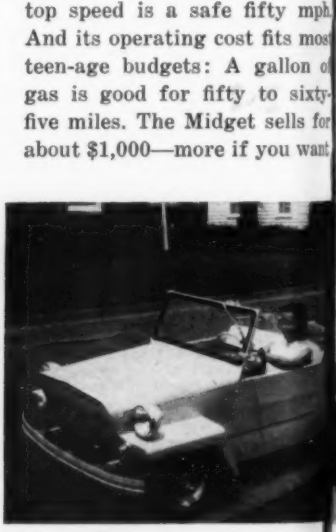
If you've a yen to be unconventional, you may be interested in some of the off-beat autos with comic-strip names that are now trickling onto the country's highways.

Cheapest and possibly the most unusual is the Diehlmobile. Selling for as little as $300, this 3 H.P. vehicle has a top speed of eighteen mph, weighs only 225 pounds, and folds up small enough to fit into the trunk of a standard-size automobile. According to the manufacturer, you can assemble it in five minutes, using only a 50-cent piece as a tool. And you can drive it practically anywhere—even up steep hills.

A car for both you and your children is the two-seat King Midget convertible, equipped with automatic transmission. Its top speed is a safe fifty mph. And its operating cost fits most teen-age budgets: A gallon of gas is good for fifty to sixty-five miles. The Midget sells for about $1,000—more if you want



Diehlmobile



King Midget

Try these

it in a color other than standard white.

Another novel car is the Town & Club, a battery-powered three wheeler. You can drive it fifty miles at speeds up to thirty mph, before recharging its battery at any standard electric outlet. Price: $1,200—more with optionals.

The Crofton Bug will take you off the beaten path in fact as well as in appearance. Because it weighs only 1,100 pounds, this Jeeplike vehicle is ideal for off-the-road travel. The 35 H.P. car sells for $1,650.



Town & Club

Finally, there's the Saviano Scat, which will sell for approximately $1,000 when it hits the market. It will be available in kit form for do-it-yourselfers, or you can have the dealer assemble it for you.



Crofton Bug



Saviano Scat



How to handle them when they're . . . *anxious*

By Brian Bird, M.D.

How much simpler our work would be if we could treat a patient's ailment without having to worry about his *attitude* toward that ailment—or toward us! Yet consciously or not, the patient usually won't let us.

I've been studying this problem, and I've learned a lot about patients' emotions and what's behind them. Perhaps these tips will help you in your handling

THE AUTHOR *is Associate Professor of Psychiatry at Western Reserve University in Cleveland, Ohio.*





...angry...or amorous

of anxious, angry, or amorous patients:

The anxious patient. Whether they admit it or not, most patients are in an anxious frame of mind. Yet when one of them reveals his anxiety, we doctors are inclined to soothe him and reassure him—too often without finding out what he's anxious about. Often we don't even allow a patient to say he *is* anxious. Why? What's wrong with actually telling a patient that he looks anxious? When I say that to a tense, frightened fellow, he usually sighs with relief and agrees. Then he finds it easier to go on talking.

I first saw an illustration of this principle while watching several colleagues prepare a patient for a dangerous operation. They told her that she'd feel nothing, that she'd be put to sleep with some nice-smelling gas, and would wake up again in her comfortable bed. I could see she was so worried that she could hear none of this. The oth-

ers saw it too. So they reassured her more vigorously—but with no better results.

Finally the surgeon swept in. He ignored everyone else and went straight to the patient. He introduced himself, shook hands with her, and said: "You look scared to death." The woman burst into tears and clung to the surgeon. He in turn put his arm around her. After a minute or so he left, smiling and telling the patient he'd see her in the morning. Only then did she begin to listen to her other doctors.

What that surgeon did had scientific validity. It was more than a good bedside manner. He knew that the best approach is always to recognize the patient's anxiety and to encourage that patient to express it. Fears



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that float around unspoken are tremendously threatening. But when they're put into words, they become fixed within the limits of those words. Their threat is thereby largely overcome.

Quite often these fears come out in the form of casual-sounding questions: "Is epilepsy hereditary?" or "Does cancer always cause pain?" They tend to come abruptly, out of context. They're often prefaced by "It's not important, but . . ." or "Just as a matter of interest, can you tell me . . . ." I've learned to treat these questions with the seriousness they deserve—and not to answer them too abruptly.

Suppose a patient says: "Oh, by the way, I have a friend who has a funny idea that cancer is hereditary. It's not true, is it?" The immediate temptation is to reply: "No, it's not true." But such questions are seldom asked just to settle an argument between friends. In such cases I consider the question to mean: "I'm worried about myself, Doctor." So I respond by asking a question of my own: "What's all this about?" or "Why do you ask?"

Questions about sexual life or marital problems are the ones to answer most carefully. No matter how harmless such questions may seem, they're always loaded. I've learned never to give advice on such matters until I'm sure I understand three things:

¶ What the patient has already read about the problem or been told about it by other doctors, clergymen, friends, and relatives.

¶ What he himself believes to be true, regardless of what he has read or been told.

¶ What he plans to do about the problem.

The following incident illustrates the importance of all this:

An attractive young couple asked me whether they should get married. One had an extensive history of mental disease in the family; the other had a psychotic grandparent. The story as they told it made me want to advise them not to marry—or at least not to have children if they did marry. But first I

asked them more about themselves. It turned out that they were not only already married, but the woman was pregnant and determined to have her baby. If I'd gone ahead earlier with what seemed to be the right advice, it would have proved entirely wrong.

Being asked for advice is the greatest possible compliment—so much so that the temptation to respond right away may be irresistible. But a request for advice means an underlying anxiety. Nothing you say will help the patient unless you first understand what's behind the request.

That's how I handle my anxious patients. Now we come to the problem of:

The angry patient. What can you do if you sense hostility in a person you're trying to help? For that matter, what can you do if he has mannerisms, ideas, or habits that anger *you?* My prescription: Do everything you can to find out *why* there's a rising undercurrent of irritation. Finding out what's causing anger does 90 per cent of the work of removing it. Remember that when a patient is angry with his doctor—particularly a doctor he has never seen before—the anger usually has nothing to do with the physician himself. It stems, rather, from some source within the patient.

Let me cite an experience to show what I mean: the case of a man who had been sent to me by his wife because he was a heavy drinker. He'd made one appointment and had broken it. He kept his second appointment—but arrived quite late. The instant he saw me, he let me have it. He'd had to search for blocks to find a parking place, he complained. Why didn't I consider my patients' parking problems? Didn't I realize he was a busy man?

It wasn't hard for me to understand the situation. The poor fellow wasn't coming to me out of choice. He'd been forced to come. That was one strike against me. Besides, he'd treated me badly by breaking one appointment and coming late for another. Naturally, he expected me to be angry; so he was beating me to the punch.

Understanding this, I kept

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my temper. Instead of replying to his angry complaints, I said I realized he had expected me to be critical of *him*. And I added that it must be difficult for him always to be blamed for everything. When he saw that I didn't intend to judge him harshly, he gradually loosened up. So we were soon able to get down to business.

I don't pretend that it's easy for the doctor to listen quietly to invective. But it helps to know that you're usually only a *substitute* target, and that once the patient has blown off steam, he's likely to be easier to deal with.

The patient doesn't always express his hostility openly. It lies under the surface, and perhaps he isn't even aware of it. Still, you can sense something wrong. In such cases, I believe it's good medicine to seek out the root of hidden anger. Failure to do so may play havoc with your effort to treat the patient.

Consider the case of a woman who visited a surgeon-friend of mine. He told her she needed a cystoscopic examination. She wasn't stupid, but the surgeon simply couldn't get her to understand. He showed her X-rays; he drew diagrams; he spoke in the simplest terms. But the woman couldn't seem to follow his reasoning. Beyond that, she forgot appointments with him. She also lost the diagrams he gave her. And she told her husband that the doctor wanted to take her kidney out.

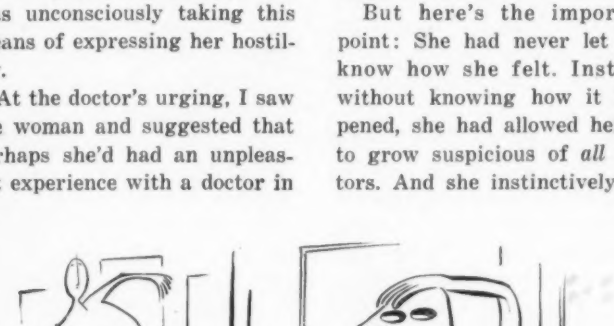
At last, the surgeon decided he must be dealing with a crazy woman. When he told me about her, I had to admit at first that maybe he was right. But another explanation was possible. The surgeon had told me he was



being driven to distraction. Now, if the patient really *wanted* to drive him to distraction, her behavior made a certain kind of sense. Perhaps, I thought, the woman distrusted the surgeon; and perhaps she was unconsciously taking this means of expressing her hostility.

At the doctor's urging, I saw the woman and suggested that perhaps she'd had an unpleasant experience with a doctor in the past. I struck the right note. In great detail, she told me how badly she'd been treated by a surgeon many years before. With some urging, she confessed that she'd been furious with the man.

But here's the important point: She had never let him know how she felt. Instead, without knowing how it happened, she had allowed herself to grow suspicious of *all* doctors. And she instinctively ex-



"Let's go. It's time for my aluminum hydroxide."

pressed this hidden distrust by confusing and bewildering the men who tried to help her.

Our talk cleared the air. Now that her real feelings were in the open, the woman no longer had reason to make her new surgeon suffer. He was able to establish a normal relationship with her and to treat her successfully.

Of course, anger cannot always be disposed of as easily as in the examples I've cited. Sometimes things remain snarled up. Everything you do is at cross-purposes. In these unfathomable cases, I sometimes tell the patient: "You know, you and I just don't seem to be hitting it off." This simple statement may turn the trick. A fresh and friendly start may then be possible.

Now we come to a third type —possibly less trying but equally challenging:

The amorous patient. Several years ago, when I was fresh out of medical school, a woman patient led me to believe that she thought I was heaven's gift to medicine—and to her. I was sweet, she told me repeatedly; I was charming; I was understanding.

A short time later, I learned what was behind her effusiveness. I reminded her of her father! This case illustrates one cause of overfondness: The patient invests the doctor with qualities derived from people who have been kind and helpful in the past. But other cases of overfondness can have somewhat different causes. Here's an example:

One day, a woman who had seen me professionally only a few times suddenly became much too effusive. I was by all odds the kindest, the most reliable doctor in the country, she said. And she sounded so sincere that I couldn't ignore the compliments.

But why had she made them? My guess was that she felt guilty and anxious about something, and in order to tell me about it she had to believe that I, above all other medical men, was worthy of her trust. So I told her this. I said I felt sure she had something important to reveal, something she was holding back because it was too

painful for her to talk about.

It turned out that I was right. Before her marriage, she said, she'd undergone an abortion. She'd never told anyone, and her guilty secret was weighing heavily on her. She was glad she could tell it to me.

Before surgery, patients will often do the same thing. They *must* do it. They must build up the doctor in their own eyes before they can place themselves in his hands. As long as the physician realizes that a patient's evident affection for him is largely an expression of a problem the patient has brought to the doctor, the doctor-patient relationship isn't threatened.

The matter *can* be complicated when, as sometimes happens, the attraction is overtly sexual. Obviously it's tough to practice scientific medicine when *you're* concentrating on illness and the *patient* on you. What are you supposed to do? If you try to go on with the case, you may be letting yourself in for anything from a broken marriage to a malpractice suit. If, on the other hand, you run away from the patient, you may be casting off a person who's dangerously ill.

The best thing, of course, is to nip amorous overtures in the bud by being strictly professional. But such detachment is apparently easier for some doctors than for others. It's interesting to note that many medical men are never troubled with romantically inclined patients, while others run into these situations all the time. I suspect that the occasional doctor tends, by what he says or does, to suggest to susceptible patients that his attitude toward them is not entirely scientific.

One pitfall hard for any doctor to avoid is the temptation to believe that the patient has found him irresistible and has fallen truly in love with him. The facts are usually quite different. The patient who tries to seduce the doctor is neurotically *hostile*, not loving. A seductive advance is her way of trying to destroy the doctor as a doctor. It is an effort to knock him off his pedestal and to make him look cheap and ridiculous. And if the seduction succeeds, as sometimes happens,

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the patient actually does destroy the doctor's effectiveness as far as she's concerned.

So what do you do if, despite all efforts to dash cold water on the patient who's bent on making love, you find yourself being propositioned? I know that some doctors use such devices as leaving the office, ringing for the nurse, or making light of the situation. But I prefer the direct approach. I tell the patient that her emotions have been excited by her illness and by my treatment of it. I add something to the effect that I fully understand matters of this sort, and that I don't misconstrue her open declaration of love. Then I remind the patient —clearly and without any ifs, ands, or buts—that the relationship is professional and is going to stay that way.

Sometimes, of course, noth-



"I dreamed I went to a cocktail party without my Maidenform bra!"

ing you do works out the way it should. I recall one case in which a physician seemingly did everything right. Yet he got into trouble. He tried honestly to keep his patient's mind on treatment. When that failed and, in unmistakable terms, she invited him to her apartment, he still did what seemed to be the right thing. He declined, pointing out that his relationship with her was purely professional.

As usually happens, the patient reacted angrily. The doctor didn't like her, she cried; he thought he was too good for

He's taking off on a four-day 'house call'

Dr. Paul Freeman is a radiologist in Santa Ana, Calif. Here he's about to take off in his own plane on a four-day visit to the school for orphans he and twenty-nine other California doctors support at Navojoa, deep in the Mexican state of Sonora. The doctors, all airplane owners, each make two to three flights to Mexico per month. Sometimes as many as a dozen planes go in a single supermedical flight.

Besides maintaining their school, the doctors regularly conduct two-day itinerant clinics for Indians in the remote mountain areas. Resident missionaries first have the Indians build a small airstrip for the doctors' arrival. The flying M.D.s then swoop in to treat as many as 300 sick Indians, while an accompanying dentist pulls infected teeth. All thirty doctors are graduates of the College of Medical Evangelists—as, appropriately enough, Loma Linda University was until recently known.

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her. The physician, who was a kindly fellow, didn't want the patient to go away angry. So he tried to think of something that would reassure her.

"Oh, no," he said. "It's just that I'm your *doctor*. If I weren't, maybe things could be different."

A good way to get out of a tough spot? No, indeed! A day or two later, the woman formally withdrew as his patient and went to another doctor. Then she called the first physician and said: "Now you're *not* my doctor, and I want to see you socially!"



What Social Security might

Would Social Security coverage pay off for self-employed M.D.s? Many aren't sure—and with good reason. Pro and con arguments often obscure two fundamental points: What taxes would these doctors pay, if covered? And what benefits would they or their survivors draw?

Let's make these assumptions: On Jan. 1, 1963, Social Security coverage is extended to self-employed physicians. On that date, you're 30, 45, or 60.

Here are the total lifetime taxes and the maximum monthly benefits self-employed doctors might expect if the current

Here's the total tax you'd pay to age 70:

From age 30



mean to you

Social Security law were extended to include them. The tax totals assume contributions at the maximum rates* until age 70, the age at which a typical doctor might fully retire. (If a doctor were to retire at 65, his benefits would remain the same. His total taxes, however, would be cut by $1,656 from the amounts shown here.) The benefits on pages 94-95 are the top amounts payable under the current Social Security law.

* The current law provides for automatic increases in the tax rates (on the first $4,800 of earnings only). The rate for the self-employed will rise to 5.4 per cent (1963-65), 6.2 per cent (1966-67), and 6.9 per cent (from 1968 on).

From age 45



From age 60



And here are the maximum monthly benefits from Social Security:



When you retire





If you die





If you are disabled

[1] Total of $22,870 over the ten-year life expectancy of a man of 70 (wife living). [2] Total of $15,240 over ten years. [3] Total of $43,000 for a woman widowed at 33, with children 8 and 3. (Payments stop when younger child reaches 18.) [4] Total of $23,000 over the eighteen-year life expectancy of a widow, 62. [5] Total of $15,240 over the ten-year life expectancy of a man disabled at 50. [6] Payable to a disabled man with a wife, and two children under 18. (New coverage; data are incomplete for disability under 50.) Source: Social Security Administration.

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'You can save free medicine in America . . .*we saved it in Australia'*

The father of Australia's health plan tells U.S. doctors how to beat down the threat of socialization by acting now

By Sir Earle Page



XUM

You American doctors don't know your own strength. If you did, you'd have beaten the enemies of free medicine in your country a long time ago. You can still do it, but you'll have to move fast.

What makes me feel I have a right to speak to you this way? Experience. My country and yours are perhaps the last great outposts of free medicine. We doctors in Australia have been through our eleventh hour—more than a decade ago.

When socialism was at high tide in the late 1940s, it appeared that nothing could save Australian medicine from following the British road to nationalization. Yet save it we did. Banding together, we doctors placed our case before the people in a vigorous campaign. And in 1949, we and our allies handed the Labor Party opposition a decisive defeat.

As Minister for Health in the new Government, I had the job of setting up a plan that would

Australia's health program is based on study of U.S. Blue plans

Sir Earle Page is a former Prime Minister of Australia and a veteran surgeon. As Minister of Health, he was the chief architect of his country's medical care plan. He's held several other Cabinet posts and is now a member of the Australian Commonwealth Parliament. In the course of nine visits to the United States, Sir Earle has maintained close association with American medical and political leaders. Two of these visits he made expressly to study the Blue plans, on which Australia's program is based. (At left, he's discussing Blue Cross promotion material shown to him by E. A. van Steenwyk, president of the Associated Hospital Service of Philadelphia.) Sir Earle is the author of "What Price Medical Care?," published in 1960—a book urging U.S. doctors to fight nationalization. On his visit here last summer, he warned medical men that the eleventh hour had struck for free medicine in America.

bring good medical care within the reach of everyone without socialization. For more than ten years now, that plan has been operating to the satisfaction of doctors, patients, hospitals, and insurance organizations alike. And socialized medicine—well, it's a dead issue in my country.

How did we accomplish this? By studying your American system of voluntary health insurance, then building our master plan on that. And here's my point: If we in Australia could turn your American methods to such good account, surely you can do the same in your own country. Indeed, you *must* do the same.

Why? Because it's clear that medicine in the U.S. is due for a change. The system that has served you so well in the past no longer meets all the needs of all your people. So your Government is going to get into the picture—more and more. To defend the status quo is to fight a losing cause. Unless you assert your professional leadership to influence the course of medicine, you're going to be nationalized.

And make no mistake about this: Once your profession is nationalized, there's no road back. Your patients won't willingly give up the illusion of getting something for nothing. Nor will any political party risk its future by suggesting that they should. If you doubt this, look at Britain.

On the other hand, if you can educate your patients to see the



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sense of a voluntary plan strengthened by Government financial aid, you'll find that nearly everybody will have a stake in the preservation of free medicine. That's what has happened in Australia, where 90 per cent of the eligible population is now voluntarily enrolled in our National Medical Health Plan. No one wants to attack a program as popular as that.



Elderly Australians who pass a means test get free medical care. The doctor taking this patient's blood pressure will receive his fee from the Government.

What is this Australian plan I'm talking about? At the heart of it is the same kind of health insurance you can get in America through your Blue Cross and Blue Shield. But there's one important addition: Government subsidy. To be eligible for this subsidy, a patient must first take out—and pay for—insurance with one of the many nonprofit, Blue type organizations that exist in my country. Once enrolled, he's entitled to lump-sum-for-service benefits from both the Government and the insurer. These benefits may cover 80 to 90 per cent of his doctor bills and up to 100 per cent of his hospital bills.

Premiums are often paid under a payroll deduction plan. They run roughly from 20 to 60 cents (U.S.) a week for a single person, about twice as much for a family. The lowest rates buy protection designed to

meet roughly 80 per cent of all medical expenses—eyeglasses and dental work excepted.

That's the nub of the Australian plan. Now I'm not saying you should adopt precisely the same plan in America. But I am saying you'd do well to think about it as one answer to the threat of nationalization. *You've got to do something—and soon.* So before I tell you just how the health plan is set up in my country, let me suggest a few things I think you can do in yours:

1. To keep the Government from taking over complete control of your practice, make it your partner. You know that without a working partnership of doctors, hospitals, and insurance plans, you'd never have a voluntary health program worth beans. But your patients' health is no longer a local concern; it's a national issue. So the best way to make sure the Government doesn't step in on terms you don't want is to take the lead in working out a partnership.

But when you let the Govern-







How a health plan patient collects in Australia

The doctor's aide makes out the bill for an insured patient. Next, the patient stops at the local office of her insurance carrier to fill out an application and present the bill. She then receives her insurance benefit plus a Government subsidy. The total covers most of her doctor's fee. The transaction can also be handled by mail.

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ment in on any terms at all, isn't it bound to take over? Not at all. In my country the control of medicine is kept where it belongs—in the hands of the doctors. They and related groups (hospital management, the drug and insurance industries, etc.) implement the plan and police themselves through their own committees. And the Government works hand in hand with these committees.

What exactly *is* the Govern-

What they don't like about the Australian health plan

The Australian National Health Plan, described in these pages, is not immune to criticism from the country's medical profession. Here are some gripes voiced by individual doctors:

¶ "The National Health Plan is supposed to cover about 80 per cent of an insured patient's doctor bills. But the fixed-fee-for-service benefits are based on pretty modest fees. Physicians of high reputation are apt to charge more—and they're the ones that attract the patients. Statistics from the states of Victoria and New South Wales reportedly show that the average patient pays more than 30 per cent of his own doctor bills."

¶ "The medical plan and the hospital plan ought to be more alike in their coverage. As it is, the poor patient and the prosperous one can both have 100 per cent coverage on their hospital bills. But with office visits, it's another story. The insured patient, no matter how extensive his coverage, always has to pay part of the fee out of his own pocket. And the indigent one—well, the doctor just has to treat him for nothing. I say that this arrangement is discriminatory."

¶ "As a gastroenterologist, I have one criticism of the Australian medical plan. If a patient comes to me without being referred by another doctor, he's reimbursed only what he'd get for an office visit to a G.P. In practice, this means my patient usually sees a G.P. first—even when he's well aware that what he needs is a G.I. man. That's a rather useless run-around."

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continued clinical evidence
...of safe and successful results
in weight-control studies with

Metrecal®

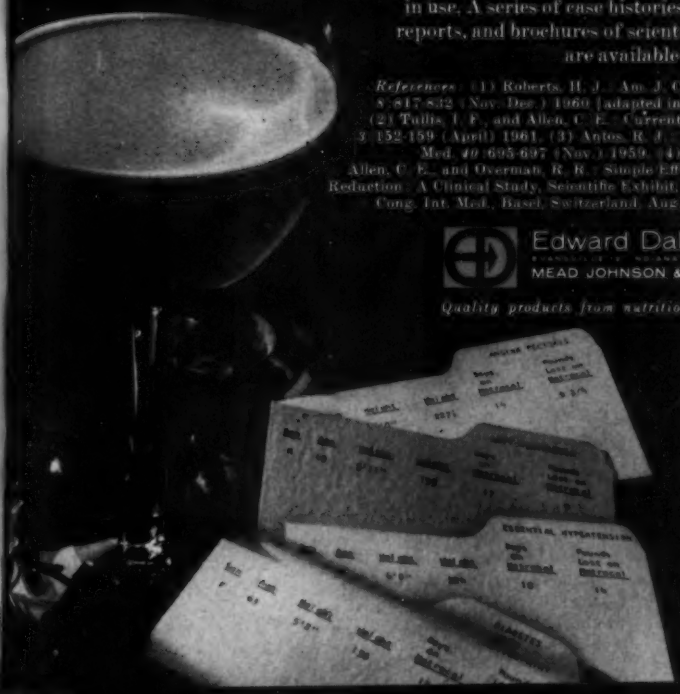
DIETARY FOR WEIGHT CONTROL

Clinical evidence[1-4] of the effectiveness and safety of Metrecal for weight reduction continues to accumulate. Excellent patient cooperation noted[1-4] has been attributed to the high satiety of Metrecal, its palatability, good tolerance, and simplicity in use. A series of case histories, published reports, and brochures of scientific exhibits are available on request.

References: (1) Roberts, H. J.: Am. J. Clin. Nutrition 8: 817-832 (Nov.-Dec.) 1960 [adapted in illustration]. (2) Tullis, J. F., and Allen, C. E.: Current Therap. Res. 3: 152-159 (April) 1961. (3) Antos, R. J.: Southwestern Med. *40*: 695-697 (Nov.) 1959. (4) Tullis, J. F., Allen, C. E., and Overman, R. R.: Simple Effective Weight Reduction: A Clinical Study, Scientific Exhibit, 6th Internat. Cong. Int. Med., Basel, Switzerland, Aug. 24-27, 1960.

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Quality products from nutritional research



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ment's role in medicine? It's a financial role, largely. It's also to motivate the patient toward seeking, and the doctor toward giving, high-quality medical care. As part of its responsibility, the Australian Government investigates every insurance society that wants to register with the National Health Plan. We make sure it's stable and actuarially sound, and that its rules don't operate unfairly against its members.

A healthy partnership between the Government and the medical profession doesn't *have* to endanger the U.S.-style doctor-patient relationship. In Australia we make sure the patient chooses his own doctor and pays his own bills. At no time do we intervene between patient and physician.

Under our plan, doctors set their own fees and hospitals their own rates, just as in America. Overcharges are no real



Can we measure th patient's comfort?

Not objectively, as the BMR can be measured by oxygen consumptio

The higher level of relief reported with this new corticosteroid is a subjective thing that must be seen, by you, in your own patients.

Alphadrol*

Upjoh

75th ye

See page 145 for description, indications, dosage, precautions, side effects, and how supplied.

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EXCELLENT RESULTS
NO CONSTIPATION

the most widely prescribed and most wearable of all antacids

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Tablet Maalox No. 1 equivalent to 1 teaspoon Suspension
Tablet Maalox No. 2 equivalent to 2 teaspoons Suspension

problem, and here's why: Health plan benefits are based on a fixed fee-for-service schedule, established by physicians and geared to the going rates. Any overcharge would only increase the patient's share of the cost. But by holding close to the going rates, Australian physicians have kept the patient's medical-cost burden so light that they have virtually eliminated bad debts from their books.

If a doctor *is* accused of overcharging or other abuses, the Government still doesn't step in. Physicians are tried by physicians, and the punishment may be a fine, suspension of license, or publication of the offending doctor's name in the medical journals—a most powerful deterrent.

2. To combat the Anderson-King type of philosophy, offer something more attractive. Don't give up simply because of your Administration's plan for

First Choice

in acute and chronic Urinary tract infections

URISED®

RECENT PROOF OF CLINICAL EFFECTIVENESS OF URISED

Indication	No. of Patients Treated	Per cent of Satisfactory Response	Side Effects
Trigonitis[1]	83	83.2	One (mild rash)
Acute and Chronic Urinary Infections[2]	50	97	None
Common Urinary Infections[3]	50	96	None
Cystitis[4]	100	80	None
Urinary Infections in the Aged[5]	50	72	None
Total Cases	333		

Urised rapidly relieves pain, combats infection along the entire urinary tract. Effective in 80% to 90% of urinary tract infections, Urised establishes free urinary flow, overcomes retention, stagnation, bacterial growth. Contains no antibiotics or sulfonamides and is effective in acid or alkaline urine. References 1-5 on request.

Indications: Cystitis, urethritis, pyelitis, pyelonephritis, prostatitis and ureteritis.
Composition: Each Urised Tablet contains: Atropine Sulfate 1/2000 gr., Hyoscyamine 1/2000 gr., Methanamine, Methylene Blue, Benzoic Acid, Sodium and Gelsemium.
Dosage: Adults: 2 tablets q.i.d. with full glass of water. **Acute Cases:** Start with 2 tablets every hour for three doses. RX bottles of 100.

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Calcidrine®

changes the cough picture

by stopping the cough—clearing away mucus—aiding respiration—soothing the throat—and calming the patient.

IN EACH 30 ml. (1 fl.oz.) THERE'S:

Codeine Phosphate, as codeine..... 64.8 mg.
to depress cough reflex
(WARNING: May be habit forming)

Nembutal® Sodium ..... 25 mg.
to calm nervous tension

Ephedrine Hydrochloride..... 25 mg.
to relieve bronchial spasm

Calcium Iodide, anhydrous..... 910 mg.
to help clear air passages

Alcohol 6%

All carefully blended into a fast-acting, good-tasting, apricot-flavored syrup that patients readily take.

Nembutal—Pentobarbital, Abbott.
(WARNING: May be habit forming)



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the aged. That's just one more sign that the hour is late. In Australia nobody now advocates that sort of plan, because the elderly and the chronically ill already get benefits that are much more comprehensive than those proposed by Anderson and King. The only restriction on free medical care for the Australian aged is a liberal means test.

As for your Kerr-Mills Act, most implementation by the states thus far has put too severe a limitation on coverage. In my country, by contrast, the elderly—and their dependents—are covered for anything from a routine office visit to a year-long siege of illness. That kind of program is bound to enlist public approval.

Such a plan, if it's based on

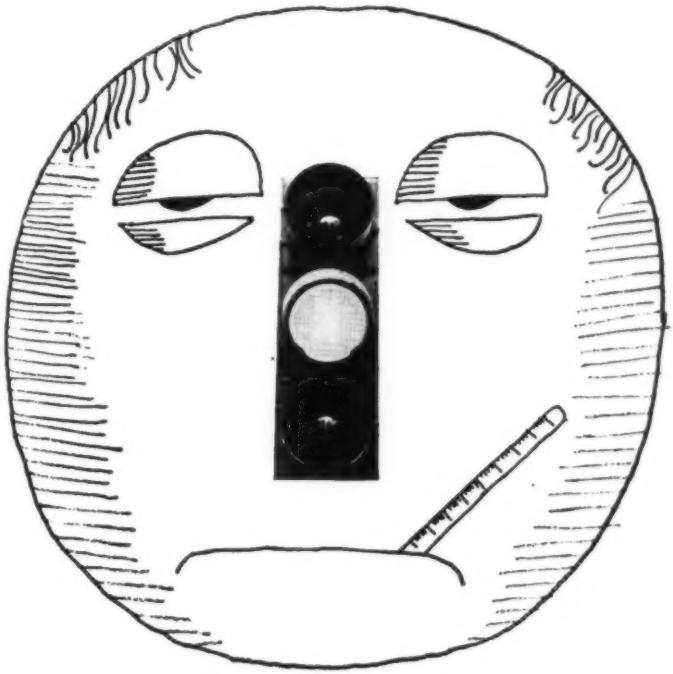


"My compliments to the chef."

yellow for caution congested nose—secretion thick and yellow—a sign of secondary bacterial invasion—a signal for TRISULFAMINIC. A prescription for Trisulfaminic provides Triaminic® for congestion and to promote drainage of nasal and paranasal passages, and triple sulfas to provide control of streptococcal, pneumococcal and staphylococcal invaders.

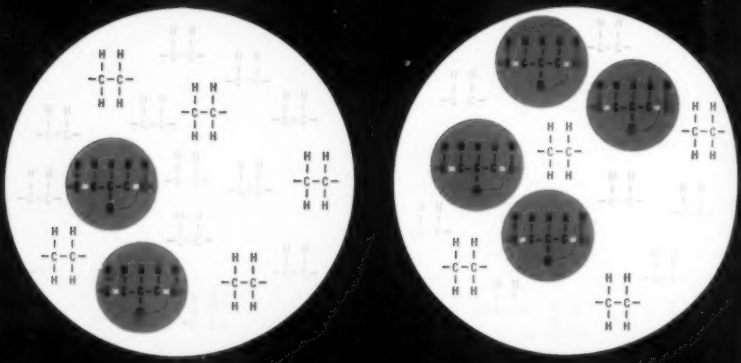
Trisulfaminic®

TRIAMINIC WITH TRIPLE SULFAS TABLETS/SUSPENSION

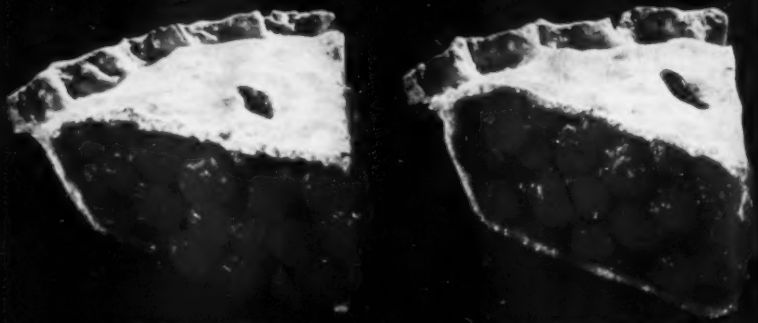


Each new, convenient, small-size Trisulfaminic Tablet and each tsp. (5 ml.) of Trisulfaminic Suspension provides: Triaminic® 25 mg. (phenylpropanolamine hydrochloride 12.5 mg., pheniramine maleate 6.25 mg., pyrilamine maleate 6.25 mg.) and Trisulfapyrimidines, U.S.P. 0.5 Gm. **DOSAGE: Adults**—2 to 4 tablets or tsp. initially, followed by 2 every 4 to 6 hours. **Children 8 to 12**—2 tablets or tsp. initially, followed by 1 every 6 hours. **Children under 8**—initially, ½ tsp. per 10 lbs. body weight, to a maximum dose of 2 tsp., then about ⅓ of this dose every 6 hours. Medication should be continued until patient has been afebrile for 3 days.

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Made with ordinary
all-purpose shortening

Made with NEW CRISCO
with double the linoleic acid

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now doubles the linoleic acid to benefit the 9 out of 10 families* who use all-purpose shortening

Your patients want to continue to enjoy the better taste of baked and fried foods made with *real* shortening, which an estimated 90 per cent of Americans use for cooking.* Such shortening alone gives the wonderful eating qualities that patients desire in cakes, cookies, and pastries—the eating qualities that normally can't be achieved with salad oil.

helps make the average diet a prudent diet

Now with new CRISCO your patients can continue eating their favorite foods and at the same time increase the linoleic acid content of their diet. Most nutrition and medical scientists agree that

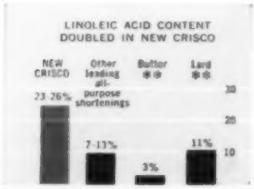
for good cooking and prudent eating

today's prudent diet should contain adequate sources of linoleic acid—the fatty acid that has been shown to be helpful in lowering elevated blood cholesterol levels.

New CRISCO—the highly unsaturated *vegetable* shortening—is designed to satisfy not only the preferences of good cooks but also the requirements of the nutritionist and physician.

new CRISCO *is keyed to current fat concepts*

In line with changing views on dietary fat, highly unsaturated, new CRISCO achieves a more favorable level of preferred unsaturates. It provides approximately twice the linoleic acid (23 to 26 per cent) of other leading all-purpose shortenings—and a total of 72 to 78 per cent unsaturates. In one-half cup of new CRISCO there are actually 22 grams of linoleic acid.



NEW CRISCO Fatty Acid Composition (Grams/100 Grams)	
Total Unsaturates	72-78
Polyunsaturates	
Linoleic	23-26
Others	4-5
Mono-unsaturates	44-50
Total Saturates	22-28
Natural Tocopherols	0.1
Cholesterol	None
Salt (Sodium Chloride)	None



*Cooking Habits Study—1961, conducted by National Analysts, Inc.
**Based on U. S. Department of Agriculture data—March, 1959.

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in more than 750 published clinical studies
and over six years of clinical use



for the tense and nervous patient

Miltown is a ***known*** drug and a dependable friend. Its few side effects have been fully reported. ***There are no unpleasant surprises in store for either the patient or the physician.*** This is why, despite the appearance of "new and different" tranquilizers, meprobamate (Miltown) is prescribed more often than any other tranquilizer in the world.

Outstandingly Safe and Effective

1 simple dosage schedule relieves anxiety dependably — without altering sexual function

2 does not produce ataxia

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5 does not muddle the mind or affect normal behavior

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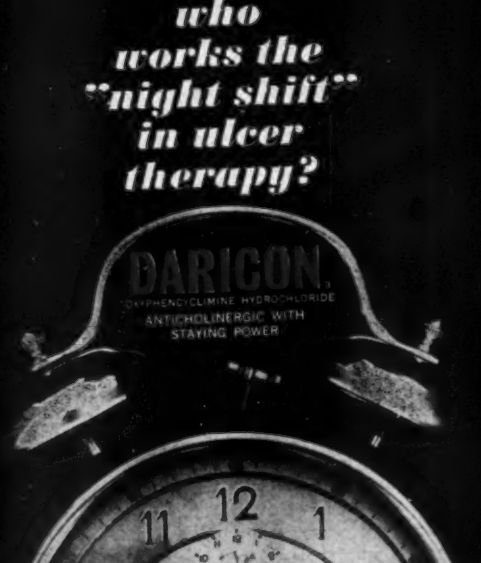
meprobamate (Wallace)

Usual dosage: One or two 400 mg. tablets t.i.d.

Supplied: 400 mg. scored tablets, 200 mg. sugar-coated tablets; bottles of 50. Also as MEPROTABS® — 400 mg. *unmarked,* coated tablets; and in *sustained-release* capsules as MEPROSPAN®-400 and MEPROSPAN®-200 (containing respectively 400 mg. and 200 mg. meprobamate).

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who works the "night shift" in ulcer therapy?



DARICON provides most patients with effective night-long control of gastric secretion with a single bedtime dose.

Pfizer

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voluntary insurance, will appeal to insurance carriers, too. For it increases subscribers' coverage without a corresponding increase in the insurers' risks or rates. About 150 insurers have chosen to join the Australian plan.

Hospitals will embrace such a plan, because it supplements their income with Government contributions. It also reduces the average hospital stay by encouraging patients to seek early diagnosis and treatment, and by using out-patient facilities to the full. This frees beds and assures improvement in services. (In Australia, thanks in part to the health plan, we've cut the average hospital stay from fourteen days in 1951 to ten in 1961—a saving on benefits of $55,000,000 a year.)

Finally, this kind of plan appeals to government, since it pays for itself in increased productivity and a healthier, happier population. My Government is now spending at the rate of $154,000,000 a year, or one twenty-fifth of the total Federal outlay, as its share in financing the National Health Plan. This

DARICON IN BRIEF

DARICON is oxyphencyclimine hydrochloride, a long-acting, highly effective anticholinergic with potent antisecretory and antispasmodic actions. DARICON provides 24-hour relief from the pain and discomfort associated with g.i. disturbances, usually on just b.i.d. dosage.

INDICATIONS: DARICON is valuable for the adjunctive management of peptic ulcers—duodenal, gastric, and marginal types; functional bowel syndrome—irritable colon, spastic colon including mucous colitis; pylorospasm; chronic, nonspecific ulcerative colitis; biliary tract disease including cholecystitis and cholelithiasis; hiatus hernia accompanied by esophagitis, gastritis, or ulcer; gastritis—acute or hypertrophic; duodenitis; bladder spasm with or without cystitis; ureteral spasm, as with stones or pyelonephritis.

SIDE EFFECTS AND PRECAUTIONS: Certain side actions common to anticholinergic agents may occur with DARICON. Dryness of the mouth is the most common effect. Blurring of vision, constipation, and urinary hesitancy or retention occur infrequently. These effects may decrease or disappear as therapy continues, or can be minimized by adjustment of dosage. Care should be exercised in using DARICON in patients with prostatic hypertrophy, in whom urinary retention may occur. The use of DARICON as well as other anticholinergics in patients with an associated glaucoma is not recommended except with ophthalmological approval and supervision.

ADMINISTRATION AND DOSAGE: The average adult dosage is one 10 mg. tablet of DARICON twice daily—in the morning and at night before retiring. Due to differences in patient response, the dose should be adjusted in relation to therapeutic response. While as much as 50 mg. daily is well tolerated by some adult patients, other patients respond well to 5 mg. daily.

SUPPLIED: DARICON Tablets, 10 mg. of oxyphencyclimine HCl. In prescription size bottles of 60 white, scored tablets.

CAUTION: Federal law prohibits dispensing without prescription.

More detailed professional information available on request.

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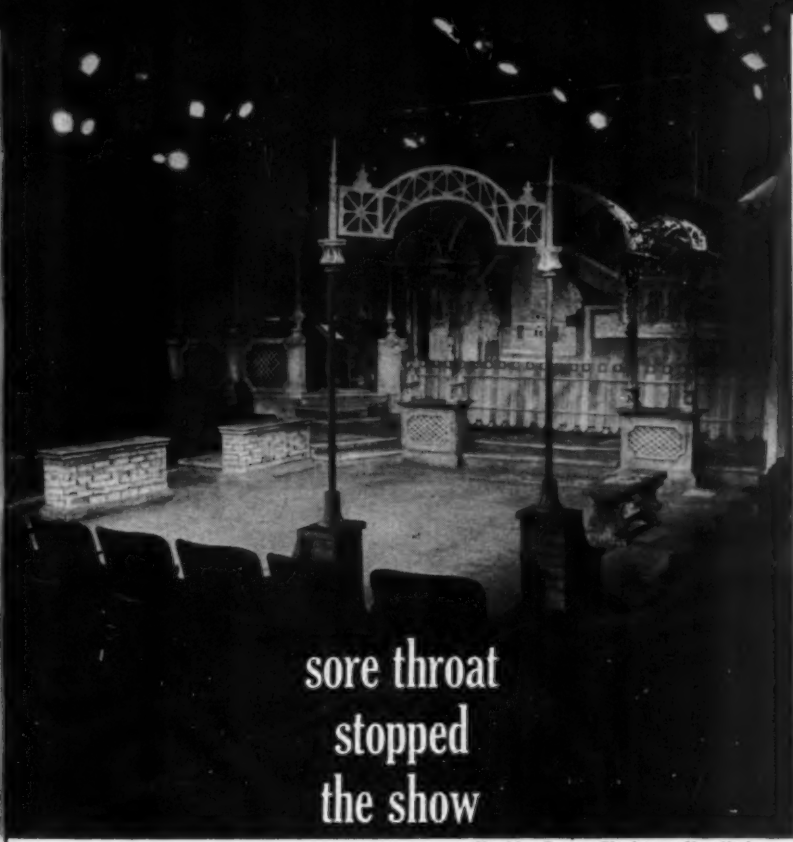
figure has shot up from $17,000,000 only a decade ago. But most expert observers agree that it's a sound investment, especially since it makes use of machinery already existing within the voluntary insurance organizations. The Government gets a free ride on the paper work and spends its medical dollars where they can do the most good.

Now for my third point:

3. Build your medical care program on the principle of helping those who help themselves. Those who can't, of course, should be taken care of. But any government spending on public health calls for safeguards against government control. One important safeguard in the Australian plan is the fact that the patient must take the initiative. He decides for himself whether he wants medical



"Dad, can I have the ambulance tonight?"



sore throat stopped the show

Sheridan Square Playhouse, New York

When sore throats need attention, Tetrazets offer prompt relief of discomfort as well as effective triple antibiotic action. On stage or off, pleasant, raspberry-flavored Tetrazets take the pain and harshness out of sore, irritated throats.

Tetrazets for mouth and throat irritations, after tonsillectomy, and as adjunctive therapy in Vincent's infection, pharyngitis, and tonsillitis.

Supplied in bottles of 12. Usual dosage — 1 troche every 3 hours for not more than 2 days.

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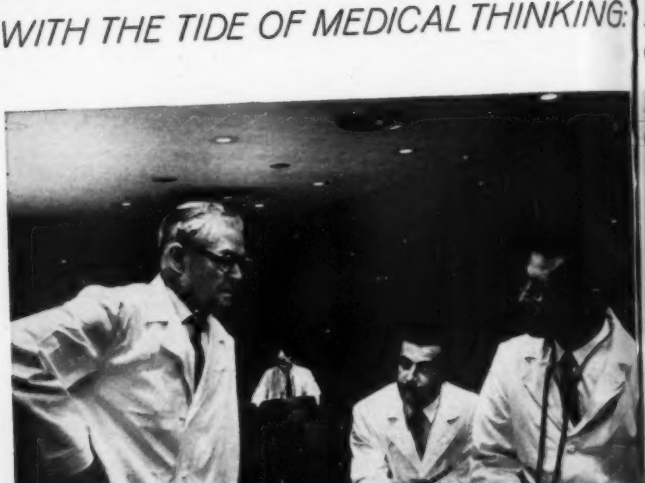
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Troches

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WITH THE TIDE OF MEDICAL THINKING:





1. Physicians are concerned about changing bacterial sensitivity

Madribon controls even some antibiotic-resistant organisms

2. Physicians are concerned about safety and tolerance

Madribon has accumulated a safety record unsurpassed by any antibiotic or antibacterial agent

3. Physicians are concerned about economy and ease of therapy

Madribon is kind to the purse; need be given only once a day

Madribon

for upper respiratory infections

Consult literature and dosage information, available on request, before prescribing.

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LABORATORIES Division of Hoffmann-La Roche Inc.

Madribon®—2, 4-dimethoxy-6-sulfanilamido-1,3-diazine

or hospital coverage under the health plan. And if he wants it, he pays for it. Except for the medically indigent and other special groups, only those who help themselves get Government help. That way, everybody concerned has an interest in preventing waste or abuse. Initiative and competition are kept alive.

4. To give yourselves a head start, build on your Blue plans. Blue Cross and Blue Shield have the experience, the equipment, and the know-how. They're the logical backbone for any U.S. national health plan. And this would *not* bar other health insurers from joining, as long as they could meet the standards set up by your program.

We've found in Australia that it pays to let the insurers handle the plan's administrative work. They do a far better job than any Government office

85% Effective
IMPOTENCE
and Fatigue
in Men

GLUKOR . . .
the original synergistically fortified chorionic gonadotropin (contains Chorionic Gonadotropin, Thiamin Hydrochloride, L (+) Glutamic Acid), Dose 1cc 1M, 10cc and 25cc Vials.

PUBLISHED ARTICLES ON GLUKOR:
1. Gould, Wm. L.: A New Therapeutic Approach to Aging, Clin. Med. (July) 1957. 2. *id,*: Impotence, Med. Times (March) 1956. 3 *id,*: Male Climacteric, Med. Times (March) 1951. 4. *id,*: Male Senility, Med. Times (October) 1951. 5. Browning, Wm. J.: Male Climacteric & Impotence, Int. Rec. Med. (Nov.) 1960. 6. Robinson, H. R.: Gonadal Stimulation for Impotence, Med. Rec. & Annals (April) 1960. 7. Milhoan, A. W.: Heterosexual vs. Homosexual Hormones. Tri-State Med. Jour. (April) 1958. 8. Strosberg, I.: Female Senility, N. Y. State Jour. of Med. (March) 1953.
Literature Available

Research Supplies
PHARMACEUTICALS — PINE STATION, ALBANY 3, N. Y.

GLUKOR ®

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U. S. PATENT No. 2,943,02



for predictable elimination...

Fleet whatever the schedule

PHOSPHO-SODA

works within one hour or overnight as a gentle laxative or purgative

PHOSPHO-SODA conveniently fits any schedule because its effect can be controlled by dosage and time of administration. It produces normal, soft bowel movements without g.i. discomfort or irritation. Pleasant to take in cold water, carbonated beverages, or fruit juices. Recognized as a superior eliminant for over 60 years.

100 cc. contains: 48 Gm. sodium biphosphate and 18 Gm. sodium phosphate in bottles containing 2½, 6, and 16 fl.oz.

When an enema is needed: Fleet Enema Ready-to-Use Squeeze Bottle containing 4½ fl.oz.; Fleet Enema Pediatric, 2¼ fl.oz.; Fleet Oil Retention Enema, 4¼-fl.oz. ready-to-use unit containing Mineral Oil U.S.P.

Available at all pharmacies.

C.B. FLEET CO., LYNCHBURG, VIRGINIA



XUH

could. They not only keep costs down but avoid the dangers of bureaucracy and red tape. The Australian Government's share of the paper work is handled by a mere seventeen persons, and its cost to the taxpayer is practically nothing.

My last point, of course, is really your beginning:

5. To see how one nation beat socialized medicine, look at Australia. Ask your A.M.A. to send over a team of doctors to report to you on what they find there. Might not my country, with its smaller population but similar temper and ideals, serve as the guinea pig for a great U.S. health plan? I'm sure it might.

There are five major features of the Australian National Health Plan that should interest your visiting committee. They are: a medical plan, a hospital plan, a plan for the medically indigent, a drug plan, and a special plan for the elderly. Here's how they work:

The medical plan. The insured patient goes to the doctor of his choice, pays the doctor's usual fee, and then claims his medical benefits from his insurance carrier. The carrier pays the patient the Government benefit as well as its own insurance benefit. The carrier is later reimbursed for the Government's share.

The Government grants a fixed benefit for each service. The amount of each benefit is arrived at by periodic consultation with the medical profession. Benefits range from about 75 cents for a routine office visit to a G.P. (whose fee, typically, is about $2) to $50 for a major operation. The insurer at the very least matches this—and usually pays quite a bit more. Thus, a patient might be reimbursed a total of $1.80 on an office visit and $135 on major surgery. Bear in mind that doctors' fees are considerably lower in my country than in yours. A patient can get an appendectomy for $50 in Australia, and OB care for $40. So unless his doctor's fees are above average, the combined benefits received by the patient may cover 80 to 90 per cent of the bill. The exact amount depends on the extent of coverage he pays for. But under present rules the pa-

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brand of phenylbutazone

Geigy

in arthritis and allied disorders



Proved by a decade of experience

Ten years of world-wide experience . . . almost 200 published reports . . . have progressively entrenched Butazolidin as the leading nonhormonal antiarthritic agent.

In virtually all forms of arthritic disorder, Butazolidin affords prompt symptomatic and objective improvement without development of tolerance . . . without danger of hypercorticonism.

Butazolidin®, brand of phenylbutazone, tablets of 100 mg.; Butazolidin® alka capsules containing Butazolidin, 100 mg.; dried aluminum hydroxide gel, 100 mg.; magnesium trisilicate, 150 mg.; homatropine methylbromide, 1.25 mg.

Geigy Pharmaceuticals
Division of Geigy Chemical Corporation
Ardsley, New York

BU 564-61



"Is there a doctor in the house?"

When pain strikes <u>your</u> patients...
prescribe **Trancoprin**®

Comprehensive relief of pain is good medical economics

Trancoprin®

It's good medical economics to prescribe Trancoprin for a patient in pain, because it will get him back on the job fast. Trancoprin is the analgesic that relaxes skeletal muscle spasm and reduces tension while it dims pain perception. It has proved to be effective against many different kinds of pain.

Trancoprin is available in white tablets containing 300 mg. of aspirin and 50 mg. of Trancopal® (brand of chlormezanone).

Dosage: Adults, 2 tablets three or four times daily; children (5 to 12 years) from 50 to 100 mg. three or four times daily.

Before prescribing be sure to consult Winthrop's literature for additional information about dosage, possible side effects and contraindications.

Winthrop LABORATORIES
New York 18, N.Y.

1614M

tient always has to pay some portion of his doctors' fees—enough to discourage malingering.

House calls? Anesthesia? Psychotherapy? They're all covered by the program, which was designed to put complete medical care within reach of everybody. Even patients with chronic or pre-existing ailments are covered. The insurance organization pays its share of such patients' benefits from a special fund underwritten by the Government. When payments from this fund exceed subscribers' contributions in any given year, the Government makes up the difference. Its steadying hand enables the insurance organizations to extend protection to many sufferers who would otherwise be excluded by actuarial considerations.

The hospital plan. The Government gives all patients in approved hospitals about $1 a day toward their bills. But when a patient carries voluntary hospitalization insurance with an approved carrier, the Government contributes an additional

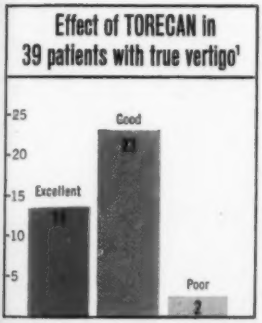
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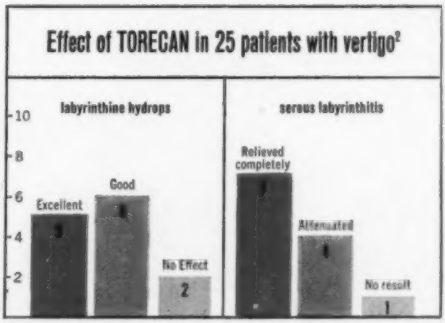

"unusually
effective"[1] in
VERTIGO

TORECAN®

THIETHYLPERAZINE MALEATE

2-ethylmercapto-10-[3'-(1"-methyl-piperazinyl-4")-propyl-1'] phenothiazine dimaleate





"This study has shown Torecan to be an effective and well-tolerated preparation in the treatment of vertigo, nausea and vomiting associated with a variety of otolaryngologic disorders. The high degree of efficacy exhibited by Torecan in relieving vertigo was especially noteworthy."[3]

AVERAGE ADULT DOSAGE: **Oral:** 1 tablet (10 mg.) three times daily.
Intramuscular: 10-20 mg. daily.

SUPPLY: TABLETS, 10 mg.
AMPULS, 2 cc. (10 mg.).
Each cc. contains 5 mg. Thiethylperazine Maleate. Inactive ingredients: sodium metabisulfite 0.25 mg., sodium bicarbonate 1.0 mg., propylene glycol 50 mg., water for injection q.s. to 1.0 cc.

PRECAUTIONS: It is obvious that sound clinical judgment must be exercised in determining whether vomiting represents a warning of organic abnormality and that this must first be recognized before employing a potent antiemetic such as Torecan.

Drowsiness and/or dryness of the mouth may occur with doses above 30 mg. daily. While no hepatic, hematopoietic or renal toxicity have been reported at recommended dose levels, it should be remembered that these are reactions which may occur with the phenothiazine group. Orthostatic hypotension may be manifested at higher dose levels. Torecan is contraindicated in severely depressed or comatose states from any cause. In excessive doses, Torecan may produce extrapyramidal stimulation with the varied symptom complex characteristic of this complication. Ampuls are recommended for **intramuscular injection only.**

1. Kearby, N.: Thiethylperazine dimaleate in the treatment of vertigo, presented at Louisiana State Medical Society, New Orleans, May 10, 1961.
2. Rubin, W.: Clinical evaluation of Torecan in the treatment of vertigo, to be published.

SANDOZ
ORIGINAL RESEARCH SERVING THE PHYSICIAN

XUM

the three faces of a cold

TUSSAGESIC treats them all. One timed-release tablet provides Triaminic®, superior upper respiratory decongestant for stuffed and running nose; Dormethan®, non-narcotic antitussive and Terpin Hydrate, classic expectorant for cough; APAP, effective antipyretic-analgesic for pain and fever. Relief lasts 6 to 8 hours.

Tussagesic®

TABLETS/SUSPENSION



Each timed-release tablet provides TRIAMINIC 50 mg. (phenylpropanolamine hydrochloride, 25 mg., phenyramine maleate, 12.5 mg., pyrilamine maleate, 12.5 mg.); DORMETHAN (brand of dextromethorphan HBr) 30 mg.; APAP (acetaminophen) 325 mg.; TERPIN HYDRATE 180 mg. ALSO AVAILABLE: Tussagesic Suspension—Each tsp. (5 ml.) is equivalent to approximately 1/2 Tussagesic Tablet.

DORSEY LABORATORIES, a division of [illegible] Co., Lincoln, Nebraska

50 cents to $1.50 a day, depending on the amount of coverage the patient has. In this plan, combined Government and insurance carrier benefits for hospital care run all the way from $2.25 to $9 a day. Hospital rates are $40 to $50 a week for a semiprivate room and around $55 a week for a private one. So combined benefits may easily cover 100 per cent of hospital bills.

Moreover, a special provision similar to that in the medical plan assures hospital insurance coverage for patients with chronic or pre-existing conditions. It's small wonder, then, that enrollment in the hospital program is considered a must by the great majority of Australians.

But what about those who can't afford even the low hospitalization insurance premiums? For them there is another plan:

The plan for the medically indigent. Poverty is not really a big problem in Australia, since unemployment is generally negligible. But for one reason or another, there always are some

GLOW—LITE SIGNS
#W-720
DOUBLE FACED
$70.00
Write for our 88 page complete catalog of signs
DR. PLEXIGLAS
SPENCER INDUSTRIES
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VERGO . . . an ethical product. Painless, safe, gentle, easy. No scars, burns or harmful acids. Can be used freely on all parts of the body.
Samples and literature on request.
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FAIRFIELD, CONNECTICUT

A SAFE APPROACH
IN THE TREATMENT OF PSORIASIS
RIASOL
Clinically tested, safe and effective RIASOL offers maximum assurance against recurrence and adverse reactions.
RIASOL contains 0.45% Mercury chemically combined with soaps, 0.5% Phenol, and 0.75% Cresol. Available at pharmacies or direct in 4 and 8 fluid ounces. *Write for professional sample and literature.*
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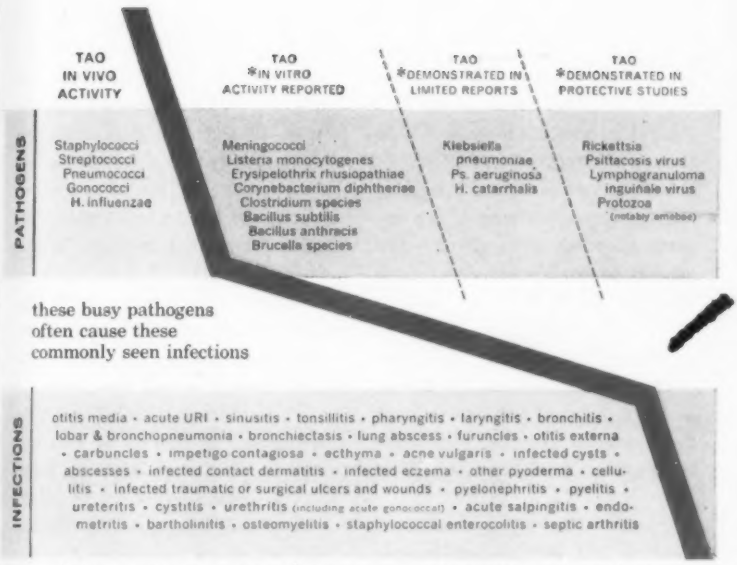
busy pathogens are susceptible to

RAPID RESPONSE—Tao provides a rapid and decisive response in a wide range of common bacterial infections due to many Gram-positive and some Gram-negative bacteria. And after four years of clinical experience, Tao continues to be effective against many resistant staphylococci. That's why **YOU CAN COUNT ON**

TAO®

triacetyloleandomycin





*These reports of antimicrobial activity represent experimental data and are not considered to be clinical indications for the use of triacetyloleandomycin.

A FOUR YEAR RECORD OF SAFETY—Tao is exceptionally well tolerated. *No serious toxic reactions have been encountered in the recommended dosage.* Allergic reactions are infrequent and seldom severe. Available as Tao Capsules, 250 and 125 mg.; Ready Mixed Oral Suspension, 125 mg. per 5 cc.; Pediatric Drops, 100 mg. per cc. of reconstituted liquid; Intramuscular or Intravenous, as oleandomycin phosphate. Usual adult dose: 250 to 500 mg., four times daily, depending on severity of infection. Usual pediatric dose: 3 to 5 mg./lb. body weight every 6 hours.

NEW, TASTY TAO ORAL SUSPENSION
Ready Mixed • Raspberry Flavored • For Pediatric Use

And for nutritional support
VITERRA® Vitamins and Minerals
formulated from Pfizer's line of fine pharmaceutical products

New York 17, N. Y., Division, Chas. Pfizer & Co., Inc., *Science for the World's Well-Being®*

people who can't pay their medical bills. For these, free and adequate treatment is provided through hospitals enrolled in the National Health Plan. Any patient who—because of low income or many dependents—can qualify under a means test, may present himself at an out-patient clinic for free medical services. If necessary, he is also entitled to free hospitalization in a public ward at Government and hospital expense (the Government contributes $1.50 a day).

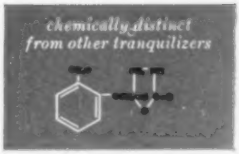
There's one more source of medical aid for the indigent—the one you're familiar with in the U.S. Any patient may go to his family doctor and describe his financial plight. And the physician, in accordance with time-honored ethics, may reduce or omit the bill as he sees fit.

The drug plan. Prescriptions for many life-saving and disease-preventing drugs and medicines can be filled in Australian drugstores at a cost of 60 cents per Rx, regardless of quantity (the small charge is partly to discourage unnecessary or excessive use). The Government makes up the difference. Medicines to get the discount are recommended by a committee of medical specialists, and three-fourths of all doctors' prescriptions are now on the list. In the works is a plan to cover *all* prescription medicines, with the Government and the insurance societies sharing the cost with the patient.

The plan for the elderly. Men of 65 and women of 60 can get free medical care if they have established residence in Australia and can pass a means test based on income and property. Armed with an entitlement card, these senior citizens and their dependents can go to the family doctor of their choice or have him visit them in their homes, at no cost to themselves. The idea developed out of talks with physicians, who volunteered to charge the Government a reduced fee ($1.30 per office visit, $1.60 per house call, plus travel allowance) for medical services to these patients. Doctors are not obligated to participate, but a great many do.

Elderly card-holders are also

LEDERLE INTRODUCES A NEW TRANQUILIZER



TREPIDONE®

Mephenoxalone Lederle

TO RESTORE THE NORMAL PATTERN OF EMOTIONAL RESPONSE

TREPIDONE Mephenoxalone is a new tranquilizer which relieves mild to moderate anxiety and tension without detracting significantly from mental alertness. TREPIDONE helps the patient "be himself" again . . . calm, yet fully responsive . . . usually free of drowsiness or euphoria.

Complete information on indications, dosage, precautions and contraindications is available from your Lederle representative, or write to Medical Advisory Department.

Average adult dosage: One 400 mg. tablet, four times daily. Supplied: Half-scored tablets 400 mg. TREPIDONE Mephenoxalone, bottle of 50.



LEDERLE LABORATORIES, A Division of AMERICAN CYANAMID COMPANY, Pearl River, New York

entitled to free nursing services, free drugs and medicines, and free accommodation in public hospitals. Actually, you'll find fewer of them going to the hospitals these days, since it costs them nothing to have their own doctors outside institutional walls, or to be nursed in the comfort of their own homes. But when they do go, the hospital gets a daily contribution of $1.50 from the Government to help it meet the cost. Widows, invalids, tuberculosis victims, and dependents of these groups —regardless of age—are eligible for the same benefits the elderly receive.

There are many other aspects of the Australian health program—free Salk shots, for instance. But you'll just have to send a committee over to learn them all. And I hope you'll do this soon.

There you have my recommendations to you American



Can we measure the patient's comfort?

Not objectively, as body weight can be measured on a scale.

The higher level of relief reported with this new corticosteroid is a subjective thing that must be seen, by you, in your own patients.

Alphadrol*

Upjohn 75th year

See page 145 for description, indications, dosage, precautions, side effects, and how supplied.

The Upjohn Company, Kalamazoo, Michigan
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INDICATION: Respiratory tract disorder



INDICATED: Chymoral®

controls inflammation and edema in respiratory tract disorders[1-4]

Chymoral reduces inflammation and edema of the nasal and sinal mucosa,[1,2] thereby relieving engorgement of nasal turbinates and encouraging free drainage. By suppressing inflammatory reaction of bronchiolar tissue, Chymoral acts to liquefy thickened bronchial secretions and affords easier expectoration of mucus plugs. Taub[3] obtained very satisfactory control of congestive symptoms in a series of 48 bronchial asthma patients. Another group, with chronic diffuse obstructive emphysema, were afforded excellent relief.[4] Clinically, patients have said that they are not so short winded. Their endurance is better and they can expectorate more easily without the severe racking cough.

1. Clinical reports to the Medical Department, Armour Pharmaceutical Company, 1960. 2. Billow, B. W., *et al.*: Southwestern Med. *41*:286, 1960. 3. Taub, S. J.: Clin. Med. *7*:2575, 1960. 4. Teitel, L. H., *et al.*: Indust. Med. *29*:150, 1960.

CHYMORAL

Chymoral is an ORAL anti-inflammatory enzyme tablet specifically formulated for intestinal absorption. Each tablet provides enzymatic activity, equivalent to 50,000 Armour Units, supplied by a purified concentrate which has specific trypsin and chymotrypsin activity in a ratio of approximately six to one. ACTION: Reduces inflammation of all types; reduces and prevents edema except that of cardiac or renal origin; hastens absorption of blood and lymph extravasates; helps to liquefy thick tenacious mucous secretions; improves regional circulation; promotes healing; reduces pain. INDICATIONS: Chymoral is indicated in respiratory conditions such as asthma, bronchitis, rhinitis, sinusitis; in accidental trauma to speed absorption of hematoma, bruises, and contusions; in inflammatory dermatoses to ameliorate acute inflammation in conjunction with standard therapies; in gynecologic conditions such as pelvic inflammatory disease and mastitis; in obstetrics as episiotomies and breast engorgement; in surgical procedures as biopsies, hernia repairs, hemorrhoidectomies, mammectomies, phlebitis and thrombophlebitis; in genitourinary disorders as epididymitis, orchitis and prostatitis; in dental and oral surgery as fractures of the mandible or maxilla, difficult or multiple extractions, and alveolectomies. CONTRAINDICATIONS: None known. INCOMPATIBILITIES: None known. Antibiotics as well as generally accepted measures may be coadministered. SIDE EFFECTS: Mild gastric upsets, rarely encountered. DOSAGE: Recommended initial dose is two tablets q.i.d.; one tablet q.i.d. for maintenance. SUPPLIED: Bottles of 48 and 250 tablets.

ARMOUR PHARMACEUTICAL COMPANY • KANKAKEE, ILLINOIS • *Originators of Listica®*

CHYMORAL *ORAL systemic anti-inflammatory enzyme tablet*

doctors. If you make up your minds to save free medicine in your country, it's a certainty that you can do it. Our experience in Australia has proved that.

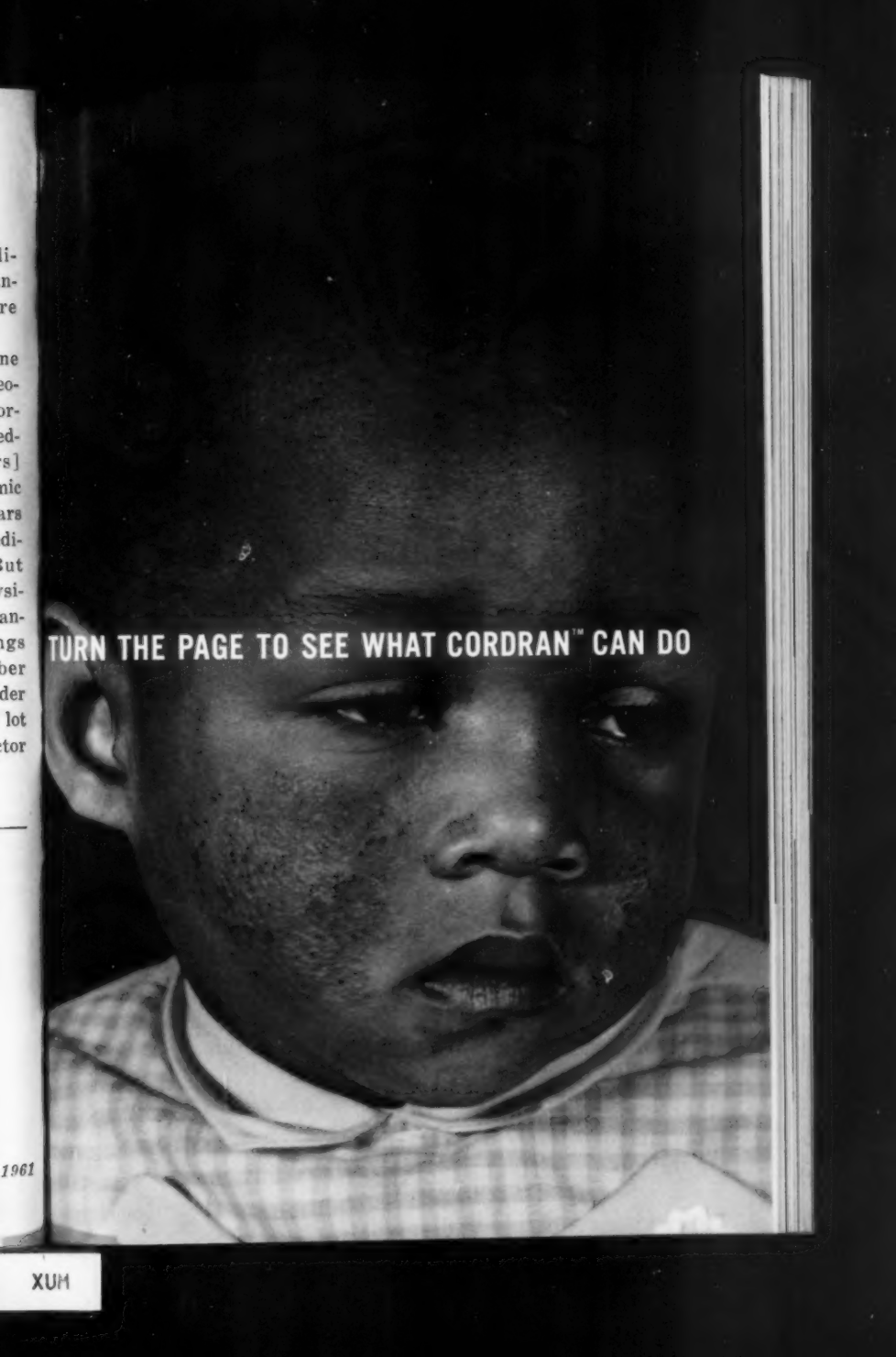
Why Texas doctors can afford independence

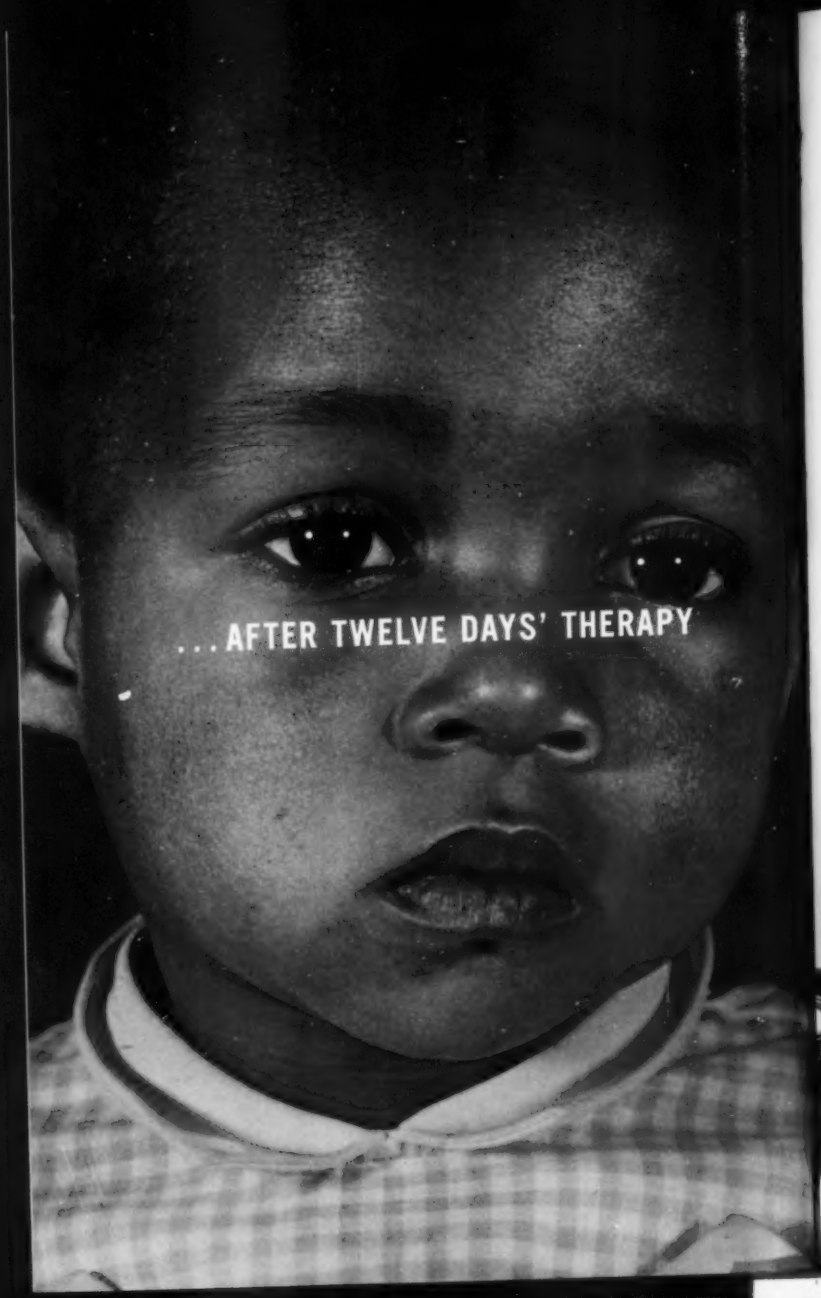
Texas doctors can afford to battle against third-party interference with their traditional freedoms but Manhattan doctors can't. So says Robert D. Potter, executive secretary of the Medical Society of the County of New York. Addressing the Bridgeport (Conn.) Medical Association, Potter explained why the cosmopolitanism of his own society scandalizes medical men in more conservative areas:

"In Texas they have one physician for about 1,100 people. They still live in that glorious world of the-way-it-used-to-be. Thus, [Texas doctors] can fight their socio-economic battles the way their forebears fought at the Alamo—as dedicated, courageous men. But when they too have one physician for 252 people, as in Manhattan, they may see things differently. . . . The number of doctors available to render medical services can make a lot of difference in how a doctor thinks."

Chink in the clinical wall

"Ya see, Doc," my office caller explained, "Tommy's allergic to milk. So someone told my wife about some Chinese food to give 'im instead. It works good —but I forget what they call it." I thought fast, then asked, "Mull-Soy?" "Yeah, that's it," he said.
—*Irving Horowitz*, M.D.


TURN THE PAGE TO SEE WHAT CORDRAN™ CAN DO


...AFTER TWELVE DAYS' THERAPY

Lilly

new topical corticosteroid

CORDRAN™

provides effective antipruritic and anti-inflammatory activity

Among the advantages:

• high effectiveness in low concentration • specific topical action • no evidence of systemic absorption with ten to twenty times the usual dosage

... and to combat infection

CORDRAN-N™

Cordran-N combines Cordran and the wide-spectrum antibiotic, neomycin. It is particularly useful in dermatoses complicated by potential or actual skin infections.

Product Description: Cordran and Cordran-N are available in both a vanishing cream and a hydrophilic ointment base. All forms are supplied in 7.5 and 15-Gm. tubes.

Each Gm. of Cordran cream and ointment contains Cordran, 0.5 mg. Each Gm. of Cordran-N cream and ointment contains Cordran, 0.5 mg., and neomycin sulfate, 5 mg. (equivalent to 3.5 mg. base).

The cream base is composed of stearic acid, cetyl alcohol, liquid petrolatum, polyoxyl 40 stearate, ethyl parahydroxybenzoate, glycerin, and purified water. The ointment base is composed of white beeswax, cetyl alcohol, sorbitan sesquioleate, and white petrolatum.

Case Report:
First photograph taken April 4, 1961—Atopic dermatitis of three months' duration.
Therapy started April 6—Cordran-N Cream t.i.d. following colloid baths and cool compresses.
Second photograph taken April 18, 1961—Prompt relief with complete clearing in twelve days.

Cordran™ (flurandrenolone, Lilly)
Cordran™-N (flurandrenolone with neomycin sulfate, Lilly)
Product brochure available; write Eli Lilly and Company, Indianapolis 6, Indiana.

XUM

a case for HALDRONE™

(paramethasone acetate, Lilly)



In severe cases of **EXFOLIATIVE DERMATITIS**, the new corticosteroid, Haldrone, produces rapid remission of symptoms with little adverse effect on electrolyte metabolism.

Lilly

Suggested dosage in exfoliative dermatitis:
Initial suppressive dose . . . 6-12 mg. daily
Maintenance dose . . . . . 2-4 mg. daily

Supplied in bottles of 30, 100, and 500 tablets:
1 mg., Yellow (scored)
2 mg., Orange (scored)

Product brochure available; write Eli Lilly and Company, Indianapolis 6, Indiana.

Professional briefs

Medical Economics, December 18, 1961

ARE M.D.s GUILTY OF FEATHERBEDDING in your hospital? They are in Pinellas County, Fla., reports Dr. C. L. Cole Jr., head of the county medical society. Most postoperative hospital patients, he feels, need only the surgeon to attend them. But too often the referring M.D. also keeps dropping in, then bills for each visit. Snorts Pediatrician Cole: "It's medical featherbedding—a polite term for robbery!"

GOVERNMENT SUBSIDIES FOR BLUE CROSS in Texas: This is the first time a state has handled Kerr-Mills through an independent agency. Starting Jan. 1, 1962, Blue Cross gets $8.68 a month for each of 220,000 eligible aged. Texas pays one-fourth, the U.S. three-fourths.

HOSPITALS ARE PLAYING WITH DYNAMITE when they use nurses to do the work of internes or non-R.N.s to do that of R.N.s. So warns hospital-law expert William A. Regan. "Grand Jury investigations may well result from some of these situations," he says. "The courts never accept excuses for such makeshifts. 'Too few internes? Too few nurses? Then close down a few beds,' the courts exhort."

"OUR DRIVE TO BEEF UP MEDICAL DISCIPLINE has been set back at least six months," admits one

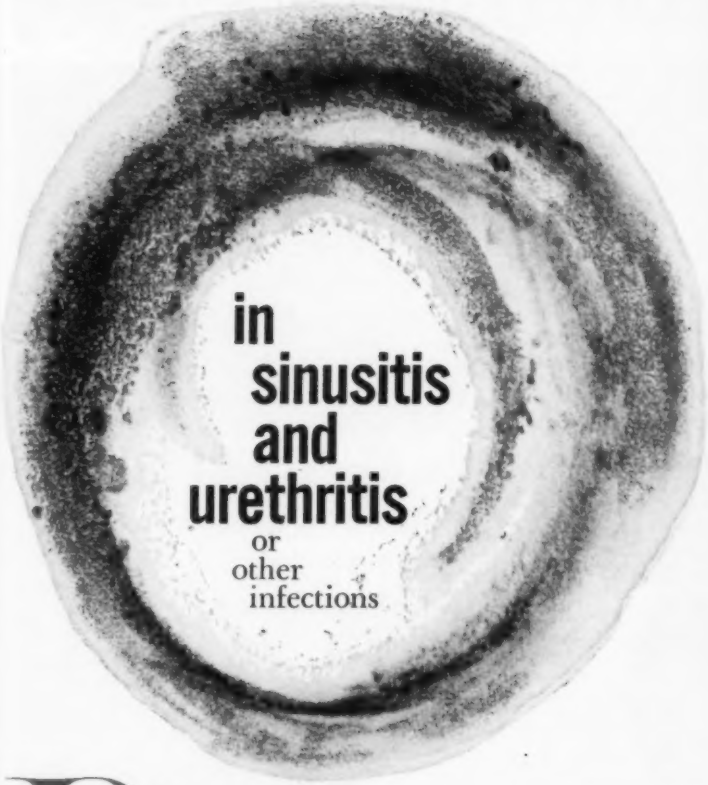
member of the A.M.A.'s Judicial Council. He's referring to the recent refusal of A.M.A. delegates to pass the key provision of the discipline program—the one empowering the A.M.A. to initiate action against an offender if his local and state societies won't do so.

SECRETARY RIBICOFF LOVES DOCTORS to argue with, he recently confessed in Los Angeles. "The greatest fun I have around the country," said the Secretary of Health, Education and Welfare, "is taking on you doctors in the A.M.A."

HARD TO FIND A COLLEGE FOR YOUR CHILD? You may get help from the College Admissions Center, 610 Church St., Evanston, Ill. Its director says 200 colleges have had vacancies this year.

MELVIN BELLI'S LATEST VICTORY: $1,727,000 in an out-of-court settlement of 15 more polio vaccine suits against Cutter Laboratories. Cutter has paid over $3,000,000 in damages so far—about $1,000,000 over its insurance.

SELLING DRUG SAMPLES IS NOW UNETHICAL, and so is letting "drug scavengers" have them for resale. So says the A.M.A.'s Judicial Council, and the delegates have approved the ruling.



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DEMETHYLCHLORTETRACYCLINE LEDERLE

against relapse—up to 6 days' activity on 4 days' dosage
against secondary infection—sustained high activity levels
against "problem" pathogens—positive broad-spectrum antibiosis

CAPSULES, 150 mg., 75 mg.; PEDIATRIC DROPS, 60 mg./cc.; SYRUP, 75 mg./5 cc.

Request complete information on indications, dosage, precautions and contraindications from your Lederle representative or write to Medical Advisory Department.

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NEW

Dimetapp® Extentabs®

let your sinusitis, allergy and U.R.I. patients breathe easier!

DIMETAPP Extentabs contain Dimetane®(parabromdylamine [brompheniramine] maleate) 12 mg., phenylephrine HCl 15 mg., and phenylpropanolamine HCl 15 mg., a proved antihistamine and two outstanding decongestants. The dependable Extentab form provides sustained relief from the stuffiness, drip and congestion of sinusitis, colds and U.R.I. for 10-12 hours with a single dose. A. H. ROBINS CO., INC., RICHMOND 20, VIRGINIA

MAKING TODAY'S MEDICINES WITH INTEGRITY...SEEKING TOMORROW'S WITH PERSISTENCE

140

Consultants I can't stand

A consultant lowers the boom on some fellow-consultants: They act like tin gods, they won't give referring M.D.s the necessary reports, and they order far too many tests

By Hilton S. Read, M.D.

I have a bone or two to pick with some consultants. And by "consultants" I mean not only the specialists to whom you send patients you can't diagnose yourself, but also the ones who get patients you're not equipped to treat yourself. In other words, I mean the specialist on all levels—the full range from the solo practitioner to the staff member of a diagnostic clinic.

Within this vast group there are doctors who do much to give our whole profession a public black eye. They manage this by what they often carelessly do to the reputations of the doctors who refer patients to them. They come in four varieties:

THE AUTHOR *heads the Ventnor Diagnostic Center in Atlantic City, N.J.*



1. The mound of conceit. You remember the old Quakerism: "All in the world is queer save me and thee, and sometimes I think thee is a little queer." Too many consultants foster a similar illusion about themselves. It's not too hard to imagine the senior cardiologist at any of fifty medical centers implying to his favorite resident: "Nobody in the Western Hemisphere makes a reliable tracing except you and me, and I'm not sure I hadn't better repeat some of yours."

What's wrong with this arrogance is not so much that it hurts the feelings of the refer-

ring doctor, who may himself have given the patient a technically perfect tracing to take with him. It's that for no valid reason it doubles the patient's cost.

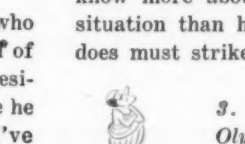
My own practice is mainly a referred one, and I'm well aware that it's sometimes necessary to repeat a "questionable" test—or to repeat a good one to see what's happened since its completion. But I object to the routine repetition of tests that have already been administered because "that's our policy." If there's a defense for that policy, I've yet to hear it.



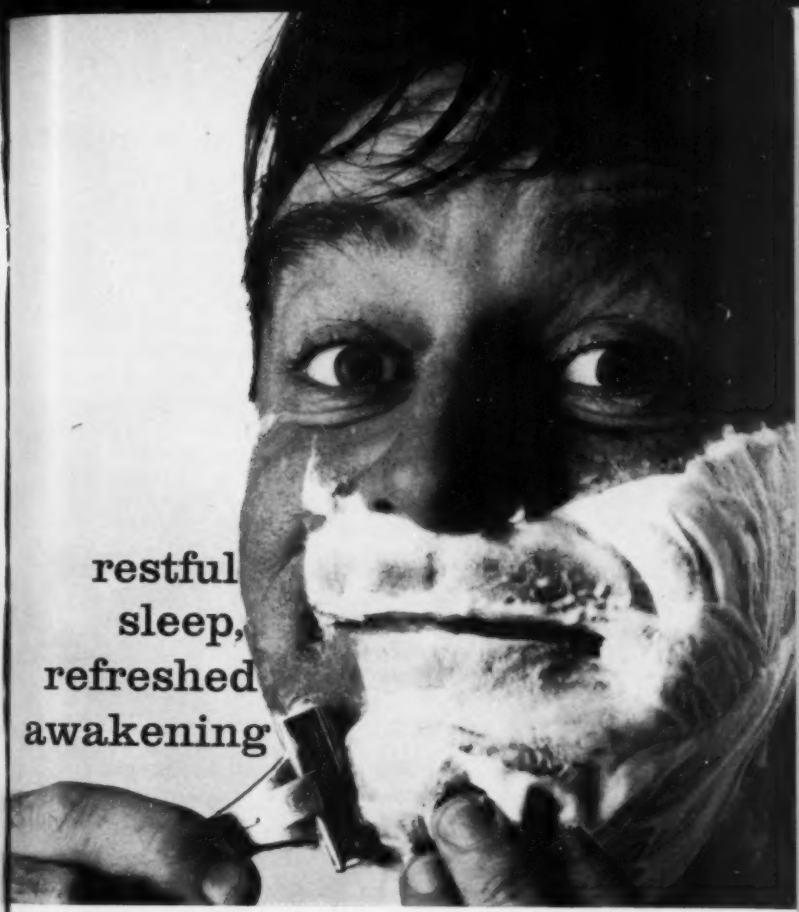
2. The clam. This man is generally a surgeon. What he clams up about is the treatment he gives your patient. He means no harm; he's just busy.

Take a certain surgeon who happens to be a close friend of mine. He always has his resident call me the night before he operates on any patient I've sent him. "Mrs. Neal is scheduled for surgery at eight o'clock tomorrow morning, in case you want to be there, Dr. Read," he says. Of course I don't want to be there. An internist has no place in an operating room. I'd trade fifty such calls for one call—or even a note—from my friend right *after* the operation. Instead, what do I get? About three weeks later, when Mrs. Neal is back home and I've probably seen her several times, a copy of her hospital discharge summary finally finds its way to me.

Is it so hard for this busy surgeon to phone me an hour or two after he's operated? All I want to hear from him is something like "Mrs. Neal is doing fine. I took out twelve stones." Then, when Uncle Fred and Cousin Joan call my office, we'll have something to tell them. The way it works now, *they* usually tell me. And for them to know more about Mrs. Neal's situation than her own doctor does must strike them as odd.



3. The far-off Olympian. This is a man whose voice you seldom hear. Instead you get



After a night of deep, refreshing sleep—this is the promise of Noludar 300. One capsule at bedtime acts quickly... eases your patient into sleep without pre-excitement, gives up to 6 or 8 hours of undisturbed sleep without risk of habituation, without toxicity or even minor side effects. Try Noludar 300 for your next patient with a sleep problem. Chances are he'll tell you

"I slept like a log"

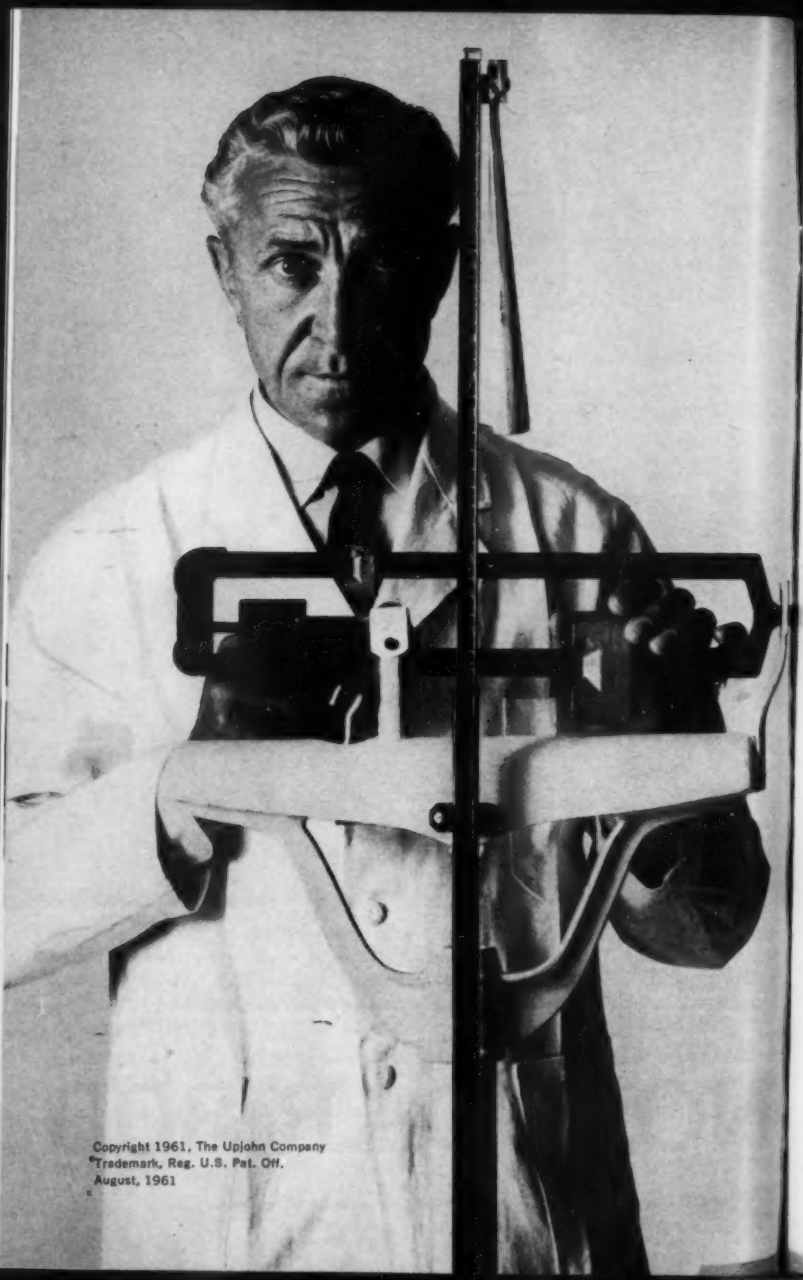
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XUM



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August, 1961

Can we measure the patient's comfort?

The physician can measure body weight by means of a scale. But he has no instrument—no objective test—for measuring comfort.

For this, he must depend upon his own powers of observation and the patient's own description of how he feels.

Because these are, admittedly, subjective criteria, the validity of results hinges entirely on the experience and objectivity of the investigators involved.

Such well-qualified clinicians have reported that a new corticosteroid developed in the research laboratories of Upjohn actually raises the level of relief obtainable with this type of therapy.

This difference cannot be "proved." It must be seen. And the only practical way for you to do this is to evaluate this new drug critically in your own practice. Please do, at your first opportunity. We are confident that you will be glad you did.

The new corticosteroid from Upjohn research **Alphadrol***

Each tablet contains Alphadrol (fluprednisolone) 0.75 mg. or 1.5 mg. Supplied in bottles of 25 and 100.

The anti-inflammatory activity of Alphadrol is comparable to the best effects obtained in current practice. Results obtained with Alphadrol have been such as to warrant classifying it among the most efficient steroids now available.

More than twice as potent as prednisolone, Alphadrol exhibits no new or bizarre side effects. Salt retention, edema or hypertension, potassium loss, anorexia, muscle weakness or muscle wasting, excessive appetite, abdominal cramping, or increased abdominal girth have not been a problem.

Indications and effects

The benefits of Alphadrol (anti-inflammatory, antiallergic, antirheumatic, antileukemic, antihemolytic) are indicated in acute rheumatic carditis, rheumatoid arthritis, asthma, hay fever and allergic disorders, dermatoses, blood dyscrasias, and ocular inflammatory disease involving the posterior segment.

Precautions and contraindications

Patients on Alphadrol will usually experience dramatic relief without developing such possible steroid side effects as gastrointestinal intolerance, weight gain or weight loss, edema, hypertension, acne of emotional imbalance.

As in all corticotherapy, however, there are certain precautions to be observed. The presence of diabetes, osteoporosis, chronic psychotic reactions, predisposition to thrombophlebitis, hypertension, congestive heart failure, renal insufficiency, or active tuberculosis necessitates careful control in the use of steroids. Like all corticosteroids, Alphadrol is contraindicated in patients with arrested tuberculosis, peptic ulcer, acute psychoses, Cushing's syndrome, herpes simplex keratitis, vaccinia, or varicella.

The Upjohn Company
Kalamazoo, Michigan

Upjohn

XUM

his receptionist. She always says the same thing: "I'm sorry, it will be impossible for Dr. Jones to see your patient until next month." Your patient could be in acute cardiac crisis, and you'd still get this answer.

I grant that it's hard to see every new patient the day he calls (though in my office we manage to, even if it's only for five minutes). And certainly referring doctors should indicate the degree of urgency of every case they pass on to another man. There are plenty of patients who can wait until next month. What I'm talking about are the consultants who think a month's wait to see them is like owning a Cadillac—a symbol of success. Admittedly, it does impress some patients. But good snob appeal and good medicine don't go together.



4. The freewheeling tester. This one is the biggest menace of all. His freewheeling generally starts when he's a resident. As he makes his rounds, he leaves behind him what I call "the $500 trail." His theory is that tests don't cost anything (except the hospital's time and the patient's money). So why not use them freely on every patient? Diagnosing without a flock of tests takes too much skill—and effort!

By the time the freewheeler gets out into practice—where he very often finds his way to large clinics—his habits are confirmed, and his diagnostic protoplasm is jelled. If you ask him why he ordered such-and-such a test, he'll look at you as if you'd just stepped out of a buggy and will talk earnestly about "modern methods . . . patients feel reassured . . . can't be too careful . . . only costs an extra $65." In short, he ordered it for no particular reason at all.

I wish all residents had to justify in writing every test they order. Not only would a lot of money be saved, but a lot of young doctors would be taught to use their minds as well as their hospital laboratories. Learning to depend a bit on their own brains would pay off in better and less costly patient-



A REPORT ON DIET MANUALS AND PHYSICIANS' DIET PADS

A dietitian consultant from a leading metropolitan hospital examined a report covering 66 hospital diet manuals. Breakfast cereals were included in all general diet plans. Another professional consultant found in a study of 60 physicians' diet pads that a cereal breakfast was included in 44 of them. All low-fat diets in these pads included a moderate low-fat, well-balanced cereal breakfast. This demonstrates that cereal is a basic breakfast food, because it is included in the above nutrition materials.

CEREALS ARE LOW IN FAT

CEREAL INSTITUTE, INC.
135 South LaSalle Street, Chicago 3
A research and educational endeavor devoted to the betterment of national nutrition

care for all the rest of their years in practice.

So much for my four consultant types, about which I haven't been entirely in earnest anyway. I don't claim to be completely free of their faults myself—though my associate and I do try to keep costs down for our patients and not undermine the doctors who refer them to us. We always write a personal letter, in longhand, to thank the referring man for each patient. Every morning we make chart rounds of our current patients. And we mail out a progress report once a week on each patient who has been referred to us for hospital care.

Why? Not just to further our public relations. We happen to think that progress reports can be extremely useful to the referring doctor when he gets his patient back. Meanwhile he'll have been spared the awkwardness with Uncle Fred and Cousin Joan that my surgeon-friend let *me* in for.

What it really comes down to is courtesy—a little item we consultants could use a lot more of.

Dr. Read heeds his own advice

As head of The Ventnor Diagnostic Center in Atlantic City, Dr. Hilton S. Read makes certain that referring M.D.s as well as patients are treated courteously. (Some 80 per cent of his practice is referred.) Doctors get prompt reports that often run to two or three single-spaced typewritten pages, in duplicate. Patients are interviewed at a round table in a comfortable, homelike office. "A desk tends to make an opponent out of a patient," Dr. Read says. He also dispenses with the conventional doctor's white coat, putting patients at ease with a man-to-man approach. Uncertainties over fees are eliminated by giving patients a booklet listing the Center's complete fee schedule.

XUM

Helps you take the misery out of menopause

as hormones alone often don't do



Fast-acting Milprem directly relieves both emotional dread and estrogen deficiency

Many physicians find that estrogen therapy is not enough for the woman who is also filled with anxiety by her menopause. Her emotional dread may make her so miserable that it becomes a real clinical problem.

This is where Milprem helps you so much. It calms the woman's anxiety and tension; prevents moody ups and downs; relieves her insomnia and headache. At the same time, it checks hot flushes by replacing lost estrogens. The patient feels better than she did on estrogen therapy alone. And your counsel and your assurances can now help her make her adjustment much faster.

Composition: Miltown (meprobamate) + conjugated estrogens (equine).
Supplied: Milprem-400, each coated pink tablet contains 400 mg. Miltown and 0.4 mg. conjugated estrogens (equine). **Milprem-200**, each coated old-rose tablet contains 200 mg. Miltown and 0.4 mg. conjugated estrogens (equine). Both potencies in bottles of 60.
Literature and samples on request.

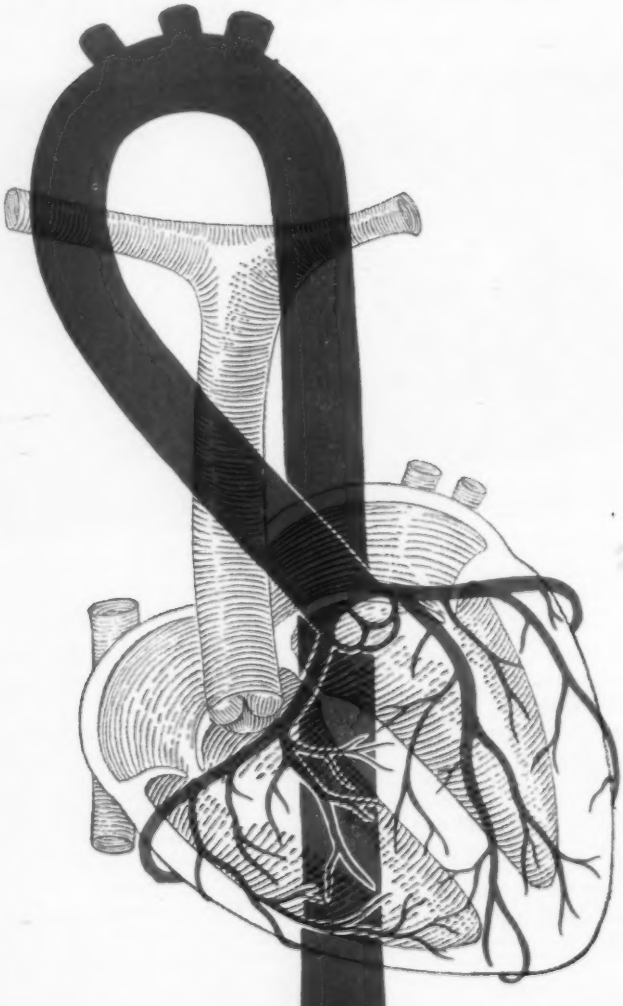
Dosage: One Milprem tablet t.i.d. in 21-day courses with one-week rest periods; during the rest periods, Miltown alone can sustain the patient.

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WALLACE LABORATORIES/*Cranbury, N. J.*

CMP-1307

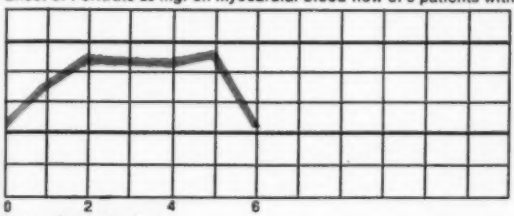
to meet the basic need in coronary artery disease.....



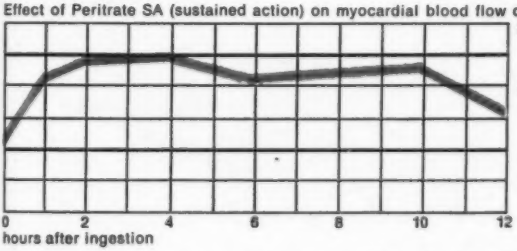
..... with or without angina

Peritrate increases myocardial blood flow— provides more oxygen for the heart

Effect of Peritrate 20 mg. on myocardial blood flow of 6 patients with angina*



Effect of Peritrate SA (sustained action) on myocardial blood flow of 6 patients with angina*



*Myocardial blood flow radioisotopic measurements on file, Med. Dept. W/C Labs.

Even for postcoronary patients **Peritrate is exceptionally safe** — causes

- no significant change in cardiac output
- no significant change in blood pressure
- no significant change in pulse rate

And Peritrate rarely causes gastrointestinal upset or headache.

basic therapy in coronary artery disease — with or without angina

Peritrate®

brand of pentaerythritol tetranitrate

available with or without phenobarbital — in regular or Sustained-Action Tablets for q.i.d. or o.i.d. dosage

Full dosage information, available on request, should be consulted before initiating therapy.

GP 21

WARNER CHILCOTT

MORRIS PLAINS, N.J.

XUM

Bonadoxin® stops *Morning Sickness...*

9 times out of 10



...and other types of Nausea and Vomiting

NOW 3 DOSAGE FORMS

BONADOXIN TABLETS

when the patient can take oral medication

Each tiny tablet contains: meclizine HCl (25 mg.) for antinauseant action; pyridoxine HCl (50 mg.) for metabolic replacement.

BONADOXIN DROPS for infant colic

Each cc. contains: meclizine equivalent to 8.33 mg. of the hydrochloride; pyridoxine equivalent to 16.67 mg. of the hydrochloride. Three cc. of Bonadoxin Drops equal one Bonadoxin tablet in meclizine and pyridoxine content.

and the new

BONADOXIN INTRAMUSCULAR SOLUTION

when the oral route is not feasible

Each cc. contains: meclizine equivalent to 25 mg. of the hydrochloride; pyridoxine equivalent to 50 mg. of the hydrochloride.

when your OB patient needs the best in prenatal vitamin-mineral supplementation . . . OBRON®

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Q&A

Question: How long should I wait before turning an unpaid bill over to a collection bureau? . . . *Answer:* Not more than three months for chronically poor credit risks; perhaps five or six months if the patient has a good record or seems anxious to cooperate. You can judge his attitude by first discussing the matter over the phone with him. But don't wait too long. One study by Medical-Dental-Hospital Bureaus of America shows that uncollected medical bills are worth only 45 cents on the dollar after a year, 23 cents on the dollar after two years, and 15 cents on the dollar after three years.

How long to carry an uncollected account

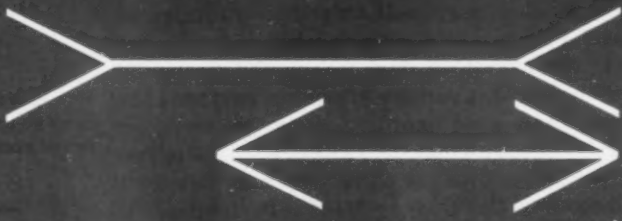
Question: I'm planning to enlarge my office building and lease half of it to another doctor. How can I gauge what rent to charge? . . . *Answer:* For half the building, the annual rent should be a sum equal to half of your yearly ownership costs for depreciation, insurance, taxes, maintenance, repair, and utilities—plus around 7½ per cent of your total cash investment in the building.

What to charge when you rent office space

Question: I've lost a patient to another doctor because, as she put it, "every time I call your office either you're not in or you're booked up for weeks in advance." I *am* busy, but I don't want patients to get the idea that I'm unavailable. How can I avoid seeming so? . . . *Answer:* Perhaps your aide sounds too negative when she has to put callers off. Instead of

When your aide makes you sound too busy

which line is longer?



A familiar illusion. Actually, of course, the horizontal lines in both figures are the same length. And yet, doubt lingers even after measurement is made.

Take the comparison of two oral penicillins as another example. If only the price of the drugs were to be considered, the choice would be clear. But isn't it what a drug *does* that counts?

V-Cillin K® achieves two to five times the serum levels of antibacterial activity (ABA) produced by oral penicillin G.[1] Moreover, it is highly stable in gastric acid and, therefore, more completely absorbed *even in the presence of food.* Your patient gets more dependable therapy for his money . . . and it's therapy—not tablets—he really needs.

For consistently dependable clinical results

prescribe V-Cillin K in scored tablets of 125 and 250 mg. V-Cillin K, Pediatric, in 40 and 80-cc.-size packages. Each 5 cc. (approximately 1 teaspoonful) contain 125 mg. (200,000 units) penicillin V as the crystalline potassium salt.

Lilly

V-Cillin K® (penicillin V potassium, Lilly)
1. Griffith, R. S.: Antibiotic Med. & Clin. Therapy, 7:129, 1960.

Product brochure available; write Eli Lilly and Company, Indianapolis 6, Indiana.

telling patients that you're out on a call, she should explain: "He'll be in at 3 o'clock. May I ask him to call you then?" And instead of stating that you haven't any openings this week, she should say: "If it's an emergency, I know he'll want to see you right away. But if you could wait till next week for your appointment, he could give you more time then."

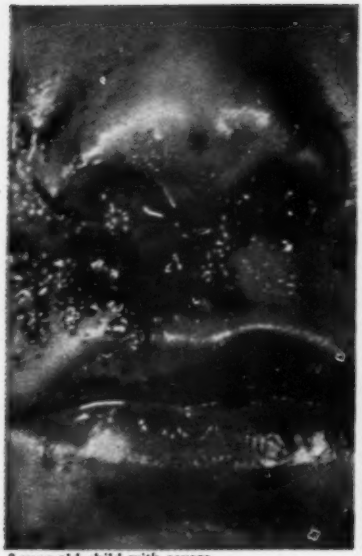
To charge or not to charge your close friends

Question: I've always charged friends my usual fees for medical care. But I know that some of my colleagues make it a rule never to bill their good friends. How do other doctors handle this problem? . . . *Answer:* According to a survey by this magazine, four out of ten queried doctors extend professional courtesy to their close friends. Yet most management consultants advise against this custom. Their reason: It's apt to strain the friendship by turning it into a donor-recipient relationship. In time, human nature being what it is, the patient may resent being increasingly obligated to his doctor-friend.

When a minor can sign a consent form

Question: One of my OB patients is a 17-year-old whose husband is only 19. I expect to perform a Caesarean section on her. Must I get her parents' consent? . . . *Answer:* Yes, in some states. But check with your lawyer. In certain states her husband would be legally qualified to authorize the operation despite the fact that he has not reached his majority.

Answers to the preceding questions from readers have been supplied by the contributing editors and editorial consultants listed on page 11.



3-year-old child with severe impetigo, pretreatment



9 days later, post-treatment (FURACIN-HC Cream t.i.d.)

FOR BROADER TREATMENT OF INFLAMMATORY SKIN DISORDERS, BOTH ACUTE AND CHRONIC, WHERE INFECTION IS PRESENT OR IMMINENT

FURACIN®-HC CREAM

nitrofurazone 0.2% and hydrocortisone acetate 1%, Eaton

ESPECIALLY USEFUL FOR THE TREATMENT OF INFLAMMATION, ERYTHEMA AND PRURITUS AS WELL AS INFECTION IN SUCH CASES AS PYODERMAS, FURUNCULOSIS AND SECONDARILY INFECTED DERMATOSES

FURACIN-HC Cream combines the anti-inflammatory and antipruritic effect of hydrocortisone with the dependable antibacterial action of FURACIN—the most widely prescribed single topical antibacterial. Exclusively for topical use, FURACIN retains undiminished potency against pathogens such as staphylococci that no longer respond adequately to other antimicrobials. FURACIN is gentle, nontoxic to regenerating tissue, speeds healing through efficient prophylaxis or prompt control of infection.

FURACIN-HC Cream is available in tubes of 5 Gm. and 20 Gm. Vanishing-cream base, water-miscible.

EATON LABORATORIES, Division of The Norwich Pharmacal Company, NORWICH, NEW YORK

XUM

Green light now for auto stocks?

Probably so. Fatter profits seem to be in the offing for U.S. car makers. Here's a rundown on the prospects

By Thomas Owens

Earnings in the auto industry have always shown wide up-and-down swings. They're now on an upswing, many market analysts feel. They see fatter profits stemming from three distinct causes: higher sales, the increasing popularity of more expensive models, and a drop in the costs of model-changeover.

Let's examine these three causes:

1. Auto sales—now on the increase—will continue to grow in the year ahead. The recent recession hit the auto industry hard. The low point was reached in the first quarter of this year, when there were fewer cars built than in any similar quarter during the previous nine years—270,000 fewer than originally scheduled. But by spring all the red lights had turned to green. As a result, says an analyst for Value Line Investment Survey, the total 1961 auto output will probably be somewhat above 5,500,000. Though that's roughly a million cars less than the 1960 output, it's far better than was expected just after 1961's disastrous first quarter.

Estimates for 1962 are even more optimistic. Ford Motor Company anticipates that U.S. makers will turn out at least 6,500,000 cars. General Motors predicts an even rosier 7,250,000. That latter figure is higher

U.S. auto stocks—how they're doing

	Net earnings per share[1]			Price/earnings ratio[2]	Total 1960 dividend	1961 price range		Recent price
	1958	1959	1960			High	Low	
American Motors	$1.55	$3.37	$2.68	7	$1.05	21¼	16½	18⅛
Chrysler	(−3.88)	(−0.62)	3.61	13	1.50	57⅝	37⅜	48⅜
Ford	2.12	8.23	7.79	14	3.00	113⅞	63¾	109¾
General Motors	2.21	3.05	3.35	16	2.00	54	40⅝	52¾
Studebaker-Packard	(−2.08)	4.36	.10	110		13¼	7	11⅛

[1]Adjusted for stock splits and dividends. [2]Recent price divided by recent (1960) earnings. The Dow-Jones Industrial Average has a P/E ratio of 20. Source: Standard and Poor's.

than the 7,100,000 record set in 1955.

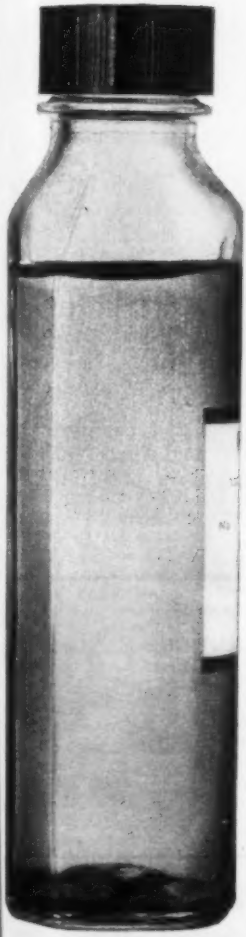
But sales expansion isn't the only factor making for bigger profits ahead. Here's another:

2. The more expensive models are gaining in popularity. This is true even among compact cars. The compacts' share of the market will probably continue to be, as it is now, about 35 per cent of total sales. But profits on the compacts are climbing because an increasing number of buyers want their "economy" cars loaded with expensive accessories. As one Boston car salesman says, "The stripped-down compacts aren't selling very well. But the luxury compacts—fully chromed, with bucket seats and automatic transmission—go like hot cakes." Such trappings on any product mean a higher profit margin.

Another new profit-boosting factor is 1962's "middle car." It's bigger than a compact, slightly smaller than a standard. With it, car makers hope to induce more buyers to "move up" to more expensive models.

That customers are ready to

has the formula of your favorite cough prescription been altered for non-medical reasons?



Last year the Federal Government drastically revised its regulations concerning non-prescription sale of narcotics. Effective January 1, 1961, dihydrocodeinone preparations which had been produced and marketed as exempt narcotics were reclassified to taxable Class B narcotics. Cough preparations containing dihydrocodeinone can no longer be sold over the counter. All such preparations now require a written or oral prescription.

Dorsey Laboratories will not consider altering the formula of TUSSAMINIC EXPECTORANT. We could have easily replaced dihydrocodeinone with either an exempt narcotic or with a non-narcotic antitussive. However, TUSSAMINIC EXPECTORANT remains unchanged because Dorsey Laboratories holds the following convictions:

– We believe that narcotic therapy is indispensable in many acute, severe, and refractory coughs. Non-narcotic cough preparations (Tussagesic®, Triaminicol®, etc.) are more useful in the less severe cough.

– We believe that among the milder narcotics, dihydrocodeinone is the agent of choice. Pharmacologically more active than codeine, dihydrocodeinone has also less tendency to produce constipation, nausea, and drowsiness.

– We believe that narcotic cough therapy belongs in the hands of the medical profession exclusively. TUSSAMINIC EXPECTORANT has never been available to the general public without prescription. We do not contemplate changing this policy.

In addition to dihydrocodeinone, TUSSAMINIC EXPECTORANT provides glyceryl guaiacolate for outstanding stimulant expectorant action without iodide side effects – plus the leading oral nasal decongestant, TRIAMINIC, to control the most frequent cause of cough – postnasal drip. As long as we continue to feel that this combination provides the most satisfactory therapy for many of the coughs seen in routine medical practice, we shall not alter the formula.

Each tsp. (5 ml.) provides: Dihydrocodeinone Bitartrate 1.67 mg. (warning: may be habit forming); Triaminic® 25 mg.; Glyceryl Guaiacolate 100 mg.; Chloroform approx. 13.5 mg.; Alcohol 5%.

DORSEY LABORATORIES · *a division of The Wander Company* · **Lincoln, Nebraska**

DECEMBER

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3 4 5 6 7 8 9



virtually without rebound

as long as most colds last



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for nasal congestion

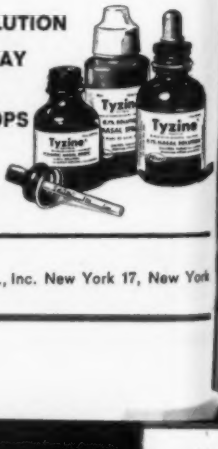
"The 'fatigue' phenomenon, in which the nasal congestion no longer responds after frequent use of nose drops over a prolonged period, was not encountered with Tyzine solution, even in patients using it regularly for as long as two weeks."

Menger, H. C.: New York J. Med. 55:812, 1955.

NASAL SOLUTION

NASAL SPRAY

PEDIATRIC NASAL DROPS



Pfizer PFIZER LABORATORIES Division, Chas. Pfizer & Co., Inc. New York 17, New York

IN BRIEF

TYZINE is tetrahydrozoline hydrochloride, a sympathomimetic amine with potent decongestant properties. Relief is almost immediate and lasts four to six hours after a single administration. Virtually free of sting or burn and rebound congestion... odorless and tasteless. TYZINE is not significantly absorbed systemically when used as directed...does not impair ciliary activity... and is physiologically buffered to pH 5.5.

INDICATIONS: Relieves inflammatory hyperemia and edema of the nasal mucosa and congestive obstruction of sinus and eustachian ostia, as may occur in the common cold, hay fever, perennial vasomotor rhinitis, chronic hypertrophic rhinitis, and sinusitis.

DOSAGE AND ADMINISTRATION: Adults and Children 6 Years and Over – 2 to 4 drops of TYZINE (0.1%) in each nostril as needed, not more often than every three hours. When using TYZINE Nasal Spray, insert tip of plastic bottle into nostril, tilt the head slightly forward from an upright position, and squeeze sharply 3 or 4 times, not more often than every three hours.

Important: Use TYZINE Pediatric Nasal Drops (0.05%) for children under 6 years. The 0.1% concentration is contraindicated in this age group.

SIDE EFFECTS: Transient mild local irritation after instillation has been reported in rare instances.

PRECAUTIONS: Avoid doses greater or more frequent than those recommended above. Use with caution in hypertensive and hyperthyroid patients.

Overdosage may cause drowsiness, deep sleep, and, rarely, marked hypotension or even shock in infants and young children. KEEP OUT OF HANDS OF CHILDREN OF ALL AGES.

SUPPLIED: Nasal Solution, 1-oz. dropper bottles, 0.1%. Nasal Spray, 15 cc., in plastic bottles, 0.1%. Pediatric Nasal Drops, ½-oz. bottles, 0.05%, with calibrated dropper.

More detailed professional information available on request.

Science for the world's well-being® Pfizer

upgrade their choices has already been made clear by this year's sales of standard cars. Despite the slump in total car sales this year, the most expensive models in the Big Three low-priced line (Ford's Galaxie, Chevrolet's Impala, and Plymouth's Fury) were actually selling at a faster clip in the first half of this year—accounting for 42 per cent of their divisions' sales, as against 33 per cent in the first half of 1960. When buyers thus move up to more expensive models, it's generally true that profits move up too.

Profits also climb when costs drop. Here's another reason why experts are predicting that there'll be an upswing in auto stocks:

3. The cost of changing models will be lower. Though final retooling costs for '62 models haven't been released yet, industry analysts say they're significantly lower than last year. And these lowered production costs will be spread over an anticipated bigger volume. The result: There should not only be a whittling-down of cost per car,



Put your low-back patient back on the payroll

Soma's prompt relief of pain and stiffness can get your low-back patients back to work in days instead of weeks

Soma is unique because it combines the properties of an effective muscle relaxant and an independent analgesic in *a single drug.* Unlike most other muscle relaxants, which can only relax muscle tension, Soma attacks both phases of the pain-spasm cycle at the same time.

Thus with Soma, you can break up both pain and spasm fast, effectively... help give your patient the two things he wants most: relief from pain and rapid return to full activity. This was demonstrated by Kestler in a controlled study: average time for full recovery was 11.5 days with Soma, 41 days without Soma. (J.A.M.A. **172:** 2039, April, 30, 1960.)

Soma is notably safe. Side effects are rare. Drowsiness may occur, but usually only with higher dosages. Soma is available in 350 mg. tablets. USUAL DOSAGE: 1 TABLET Q.I.D.

The muscle relaxant with an independent pain-relieving action

SOMA®

(carisoprodol, Wallace)

Wallace Laboratories, Cranbury, New Jersey

XUM



but a fattening-up of profit per car.

Those are the three factors that brighten the outlook for the auto industry. Are there any shadows in sight? A few—but market analysts don't expect them to seriously threaten hopes for 1962.

One shadow has been cast by labor troubles. This year's work stoppages have delayed 1961 production goals and kept dealers in short supply of 1962 models. But some industry spokesmen say the stoppages will ultimately serve to swell 1962's output. And most Government experts think the 1961 wage hike will be offset by lower production costs stemming from increasingly efficient operations.

Another problem could arise out of the international situation. But unless the cold war gets far hotter than it is now, it shouldn't be a significant deterrent to higher industry profits.

A third possible problem is competition from imported cars. But the foreign-car phenomenon appears to be about over. Among leading foreign cars, only the sturdy Volkswagen has been able to boost sales this year. For all others, sales are down considerably. So it doesn't seem that competition from across the seas will hurt U.S. car makers next year.

So much for the industry as a whole. What about the individual companies?

There are two stocks that even the cautious investor might consider—Ford and General Motors. Two others are chiefly for those with sporting blood—Chrysler and American Motors. Finally, for far-out speculators, there's Studebaker-Packard.

Ford seems to have the best all-around prospects. Not only are sales of its standard models increasing, but the company's compacts have outdistanced its competitors' in popularity. Then, too, profits from Ford's foreign operations have helped cushion the effects of the recent recession on the company. Market analysts see even better sales and earnings ahead, with a chance for good capital appreciation.

General Motors, though a less

XUM



your episiotomy patient is entitled to

VARIDASE®

STREPTOKINASE-STREPTODORNASE LEDERLE

buccal tablets for a faster recovery with more comfort

Inflammation, swelling, and pain are reduced more rapidly when VARIDASE is added to your post-partum regimen. Your patient has a more *comfortable* convalescence and a faster return to normal activity.

Precautions: VARIDASE has no adverse effect on normal blood clotting. Care should be taken in patients on anticoagulants or with a deficient coagulation mechanism. When infection is present, VARIDASE Buccal Tablets should be given in conjunction with antibiotics.

Dosage: One buccal tablet four times daily usually for five days. To facilitate absorption, patient should delay swallowing saliva.

Supplied: Each tablet contains 10,000 Units Streptokinase, 2,500 Units Streptodornase. Boxes of 24 and 100 Tablets.

LEDERLE LABORATORIES, a Division of AMERICAN CYANAMID COMPANY, Pearl River, New York

spectacular performer than Ford, has a history of more stable earning power. Its operations are so diversified (for example, it's the largest locomotive maker) that its earnings are less dependent on good automotive sales. General Motors' fortunes pretty accurately reflect the general state of the nation's economy. With increasing prosperity predicted for 1962, GM stands to prosper too. Its stock should appeal to you if you like a good dividend (4 to 5 per cent) plus the possibility of capital gain.

Chrysler. "This could be our year," one dealer says hopefully in discussing 1962. Maybe.



"All right, all right. Which of you wise guys is the patient?"

for the special laxative needs of pregnancy

By softening the stool and gently increasing peristalsis, AGORAL safely overcomes the mechanical interference with normal evacuation.

Because AGORAL exerts no action on uterine musculature, it is safe to use during the entire pregnancy. And, patients find its pleasant marshmallow flavor highly acceptable even during long-term usage.

AG-OB11



the gentle laxative

agoral®

WARNER CHILCOTT

MORRIS PLAINS, N.J.

mineral oil emulsion with agar, phenolphthalein, petrolatum, magnesium hydroxide

but Chrysler's record of unpopular cars in recent years has had a depressing effect on earnings. A really successful year for the Fury, which heads the Plymouth-Dodge line (opposite Ford's Galaxie and Chevrolet's Impala), could cause this company's profits to zoom. Big volume at that luxury-model spot is what provides real bread-and-butter earnings.

What are Chrysler's 1962 prospects? Stung so often before, most market seers are waiting to be shown. But for the speculative-minded investor, Chrysler is a tempting choice because there are only about 9,000,000 shares of its stock outstanding (compared with G.M.'s 285,000,000 and Ford's 55,000,000 shares). So with every increase in earnings, Chrysler stockholders stand to get a relatively bigger slice of the melon.

American Motors. The amazing success of the Rambler

in diabetic therapy, the patient should be taught to make "...day-to-day adjustments in the regimen on the basis of serial urine tests."
Danowski, T. S.: Diabetes Mellitus, Baltimore, Williams & Wilkins, 1957, p. 239.

color-calibrated CLINITEST BRAND Reagent Tablets

the standardized urine-sugar test for reliable quantitative estimations

AMES COMPANY, INC. Elkhart • Indiana Toronto • Canada

86760

seems to be based half on the public's admiration for a plucky underdog and half on the public's loyalty to a good product. But the company needs to find a lot more buyers with these sentiments in the years ahead. Though the stock is paying a high dividend (6 to 7 per cent), as a capital-gain prospect it's only for the patient speculator.

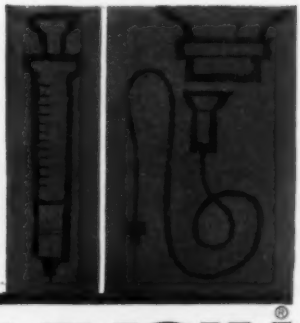
Studebaker-Packard seems the most speculative stock in the auto industry. Though the company's nonautomotive operations earn money, staggering losses from car-making wash out all other profits. It's reported, however, that the company has had big advance orders for its '62 cars. Customer reception in the months ahead will provide the acid test. With its long "no dividend" record, this stock seems suitable only for the stout-hearted speculator.

Intravenous, vials,
100 mg. (with 250 mg. Vit. C),
250 mg. (with 625 mg. Vit. C),
500 mg. (with 1250 mg. Vit. C).

IV

Intramuscular, vials,
100 mg. (with 250 mg. Vit. C),
250 mg. (with 275 mg. Vit. C),
(each with procaine HCl 40 mg., magnesium chloride 46.84 mg.)

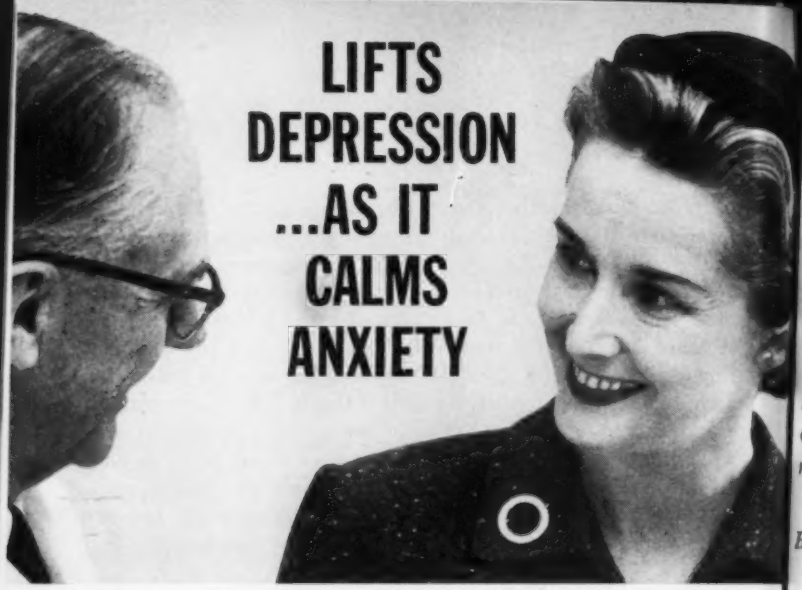
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"I feel like my old self again!" Thanks to your balanced Deprol therapy, her depression has lifted and her mood has brightened up – while her anxiety and tension have been calmed down. She sleeps better, eats better, and normal drive and interest have replaced her emotional fatigue.

Brightens up the mood, brings down tension

Balanced action—avoids "seesaw" effects of energizers and amphetamines.

Acts rapidly—you see improvement in a few days.

Acts safely—does not cause liver toxicity, anemia, hypotension, psychotic reactions or changes in sexual function – frequently reported with other antidepressants.

Dosage: Usual starting dose is 1 tablet q.i.d. When necessary, this may be increased gradually up to 3 tablets q.i.d. With establishment of relief, the dose may be reduced gradually to maintenance levels. **Composition:** 1 mg. 2-diethylaminoethyl benzilate hydrochloride (benactyzine HCl) and 400 mg. meprobamate. **Supplied:** Bottles of 50 light-pink, scored tablets. Write for literature and samples.

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WALLACE LABORATORIES / *Cranbury, N.J.*

What it takes to be a successful stock trader

Here's a doctor who earns almost as much trading stocks as he does seeing patients. He finds trading fast, exciting, and remarkably profitable—but it demands time, nerve, and cash

By Richard P. Pratt

Every serious investor probably shares the dream a doctor once confided to me. "My ambition," he said, "is to buy 100 shares of XYZ at $10, go out and have a two-martini lunch, and then come back and sell them at $15."

His dream is both understandable and unlikely—for most of us, that is. Yet there's a type of investor who aims for just such a quick turnover. The market calls him a trader. He may make $500 during lunch, but he can lose it again before dinner. Trading is a demanding task that calls for lots of capital, a sharp eye, instantaneous decisions—and plenty of homework. That last is important: Success hinges on the trader's being supremely well informed about market conditions and prospects. When he makes a profit, in effect he's outguessed the average-investor competition.

Sound too demanding for a man with a busy medical practice? I know one busy physician who has taken up stock trading—and makes it pay off handsomely. Here's his story:

Dr. Lou R. Schmidt practices

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Dr. Schmidt's stock trades—good and bad

Some profitable trades:

Number of shares	Stock	Price paid per share	Days held	Price sold per share	Total profit*
100	Int'l. Bus. Machines	$700.00	1	$708.75	$711.58
100	Amer. Mach. & Fdry.	52.25	5	56.50	392.76
100	Howard Johnson	38.00	1	48.25	979.95
100	Hurletron, Inc.	8.50	1	17.25	850.07

Some unprofitable trades:

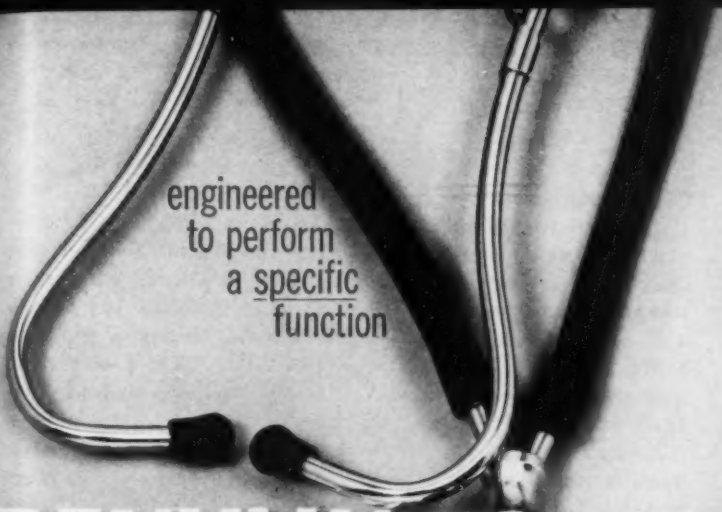
Number of shares	Stock	Price paid per share	Days held	Price sold per share	Total loss*
100	Vendo Company	$55.00	6	$49.00	$694.00
50	Universal Match	58.25	33	59.00	27.03
500	Perini Corporation	12.25	6	11.50	380.28

*After brokerage fees.

general medicine on the fourth floor of the largest office building in La Crosse, Wis. On the first floor is his broker. Until five years ago, Dr. Schmidt was a garden-variety investor interested only in long-term gains. Today he's a part-time trader who'll probably net around $20,000 this year from 100 or more stock transactions totaling nearly $1,000,000.

Let's see what it takes in time, money, tools, and temperament for Dr. Schmidt to make that kind of profit:

Time. He spends an average of four hours a day keeping up with his investments. Two to three of these hours must be carved from the heart of the business day while the market is in session. "I'm at the hospital by 7:30," says Dr. Schmidt. "This lets me complete my rounds and house calls in time



BENYLIN EXPECTORANT

specifically designed to help control cough

Just as a medical instrument is engineered for maximum efficiency in performing its specific function, BENYLIN® EXPECTORANT is formulated to provide effective relief of cough associated with colds or allergy.

The outstanding antitussive action of BENYLIN EXPECTORANT is attributed to a combination of carefully selected therapeutic agents. Benadryl,® a potent antihistaminic-antispasmodic, reduces bronchial spasm, quiets the cough reflex, and lessens nasal stuffiness, sneezing, lacrimation, itching, and other allergic manifestations. Concurrent respiratory congestion is relieved by expectorant agents that efficiently break down tenacious mucosal secretions. In addition, a demulcent action soothes irritated throat membranes.

BENYLIN EXPECTORANT is a pleasant-tasting, raspberry-flavored syrup...completely acceptable to patients of all ages.

Supplied: BENYLIN EXPECTORANT is available in 16-ounce and 1-gallon bottles.

Each fluidounce contains: 80 mg. Benadryl Hydrochloride (diphenhydramine hydrochloride, Parke-Davis); 12 gr. ammonium chloride; 5 gr. sodium citrate; 2 gr. chloroform; 1/10 gr. menthol; and 5% alcohol. *Indications:* Relief of coughs due to colds, other symptoms associated with colds, and coughs of allergic origin. *Dosage:* Adults—1 to 2 teaspoonfuls every three to four hours. Children—½ to 1 teaspoonful every four hours. *Precautions:* Products containing Benadryl should be used cautiously with hypnotics or other sedatives; if atropine-like effects are undesirable; or if the patient engages in activities requiring alertness or rapid, accurate response (such as driving).

PARKE-DAVIS

PARKE, DAVIS & COMPANY, DETROIT 32, MICHIGAN

to get to my broker's by 10:30. I stay until noon, have a quick lunch, and begin my office hours about 12:45. I return to the broker's about 2:00, stay until 3:30, and then resume my office hours. And of course I spend some evenings keeping up with financial reading."

Money. Ask Dr. Schmidt how much money it takes to be a part-time trader and he replies, "The more the better. I started out with $70,000, but it could be done on somewhat less. You can go in for small-sum trading, but it's apt to keep your profits small and raise your costs if it forces you to buy stocks in odd lots of less than 100 shares." The need for big money is clearly shown by one of his more successful transactions: a twenty-four-hour turnover of IBM stock (see chart on page 172). "It took $70,000 to buy 100 shares at the going price," he points out. "I sold them the next day at a $711 profit. But if I hadn't had a healthy bankroll I couldn't have taken advantage of the opportunity."

Tools. The ticker tape and the news Teletype are indispensable tools of the trader; he needs a broker who has both. "Trading is a lot like sprinting," says Dr. Schmidt, "except that the starting signal is a piece of information off the news wire. If you have to wait to read it in tomorrow's paper, you'll be twelve hours behind all the rest of the trader-investors."

Temperament. "The functioning of the market can be learned by anyone with intelli-

You need these assets to be a trader

For security's sake, Dr. Schmidt suggests that the doctor contemplating stock trading have these assets:

1. **A profitable, well-established practice.**
2. **Adequate life insurance.**
3. **A mortgage-free home.**
4. **A $15,000 savings account or investment in Treasury bonds.**
5. **Adequate cash reserves of at least $50,000 for stock trading purposes.**

Menopausal distress: a syndrome involving all three levels of the autonomic nervous system

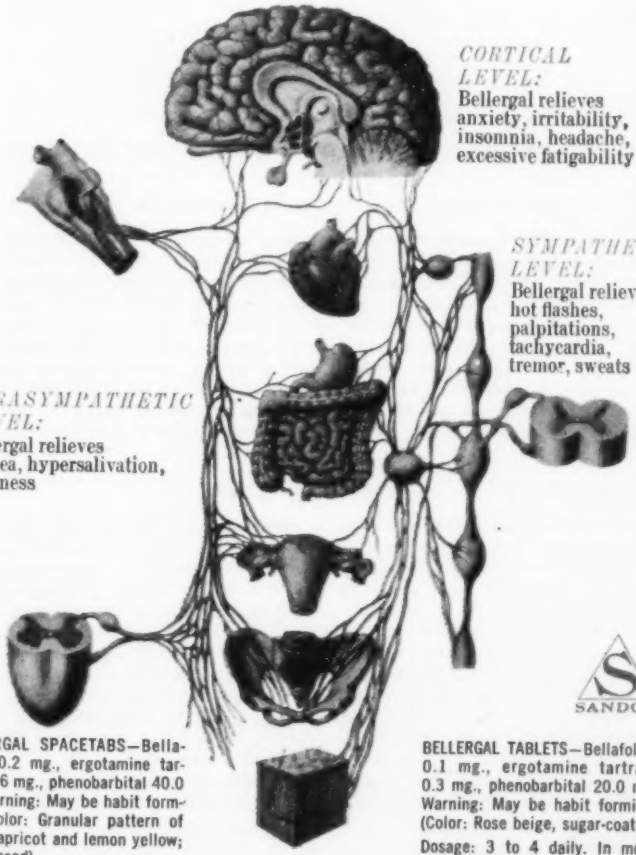
for functional disorders of the menopause

Bellergal®

SPACETABS®

stabilizes the entire autonomic nervous system

(without disturbing endocrine balance)



CORTICAL LEVEL:
Bellergal relieves anxiety, irritability, insomnia, headache, excessive fatigability

SYMPATHETIC LEVEL:
Bellergal relieves hot flashes, palpitations, tachycardia, tremor, sweats

PARASYMPATHETIC LEVEL:
Bellergal relieves nausea, hypersalivation, faintness

SANDOZ

BELLERGAL SPACETABS—Bellafoline 0.2 mg., ergotamine tartrate 0.6 mg., phenobarbital 40.0 mg. Warning: May be habit forming. (Color: Granular pattern of green, apricot and lemon yellow; compressed)

Dosage: 1 in the morning, and 1 in the evening.

BELLERGAL TABLETS—Bellafoline 0.1 mg., ergotamine tartrate 0.3 mg., phenobarbital 20.0 mg. Warning: May be habit forming. (Color: Rose beige, sugar-coated)

Dosage: 3 to 4 daily. In more resistant cases, dosage begins with 6 tablets daily and is slowly reduced.

DATA FOR DECISION

DATA FOR GANTANOL

For the bacterial infections
you see most often in your daily practice

The record of Gantanol in upper respiratory infections

Gantanol effectively combats the common bacterial strains of the respiratory tract. Even in chronic conditions, Gantanol efficacy in eradicating infection is of a particularly high degree. Upper respiratory tract infections treated successfully with Gantanol include such everyday conditions as sinusitis, tonsillitis, pharyngitis and bronchitis—with a recorded response rate of over 90%. In one study of pediatric U.R.I. patients, for instance, the therapeutic efficacy of Gantanol alone closely paralleled the antibacterial effect produced by combined Gantanol-antibiotic therapy.[1] The gratifying results in a variety of respiratory infections, both with and without complications, led this investigator to speculate about the possibility of using Gantanol instead of an antibiotic in the more common bacterial infections.

The record of Gantanol in genitourinary infections

Wide-ranging activity against both gram-positive and gram-negative organisms marks Gantanol as a "highly" satisfactory drug for the more frequently occurring genitourinary infections. Noteworthy response was recorded in patients with cystitis, pyelonephritis, urethritis, prostatitis, and epididymitis. In chronic pyelonephritis—a condition so rarely responsive in terms of permanent sterilization—when Gantanol was evaluated under the most rigid conditions, five of the 33 patients were found to have actual bacteriologic cure—with the patients asymptomatic, and urine cultures sterile on three consecutive examinations during treatment and two months after treatment.[2] Even in the presence of obstructive uropathies, Gantanol proved most satisfactory in checking infection until surgery could be performed. And just as Gantanol eradicated active infections, so did it prove of value prophylactically—*e.g.*, in pre- and postoperative patients. Tolerance for Gantanol was high, even during prolonged administration. Remission of clinical symptoms, bacteriologic reversal and safety characterize Gantanol action in both acute and chronic urinary tract infections.

XUM

NEW PRODUCT

For the practical considerations
you face so often in your daily practice

The convenient b.i.d. Gantanol dosage

In its modes of absorption, diffusion and excretion, Gantanol possesses the characteristics of a therapeutically effective antibacterial. Therapeutic blood, tissue and urine levels are maintained by Gantanol at all times on a simple morning-and-evening dosage schedule.

Gantanol safety and economy

Gantanol is safe for short or long-term therapy: clinical trials with Gantanol to date—in over 5,000 patients—showed no serious side reactions, no monilial overgrowth, a low incidence of minor side effects. Nor does Gantanol entail the high cost of antibiotic therapy.

Consult literature and dosage information, available on request, before prescribing.

1. P. J. Chastain, *J. Florida M. A.*, in press. 2. A. W. Czerwinski, J. P. Colmore, M. M. Cummings and B. Brown, Antimicrobial Agents Annual, in press.

new
Gantanol
it works in the workaday infections

GANTANOL®—S-methyl-3-sulfanilamidoisoxazole

ROCHE LABORATORIES Division of Hoffmann-La Roche Inc. Nutley 10, N. J.

gence," says Dr. Schmidt. "But to be a trader, you have to be born with the right kind of nerves." More than once he's reached the end of the day with a $15,000 paper loss. As a result, he's acquired a "nothing ventured, nothing gained" attitude that has helped him keep his perspective. "I don't let these investment crises interfere with my practice or my family," he says. "It takes emotional balance to be a trader."

Dr. Schmidt's switch from run-of-the-market investing to the more lucrative trading was more of a progression than an outright decision. For some time he'd been buying stocks simply to build up an estate. But he found he was spending increasingly more time on financial reports, business news, and watching the tape. He decided he could make a lot more money by trading than he could by sticking to routine in-



Can we measure the patient's comfort?

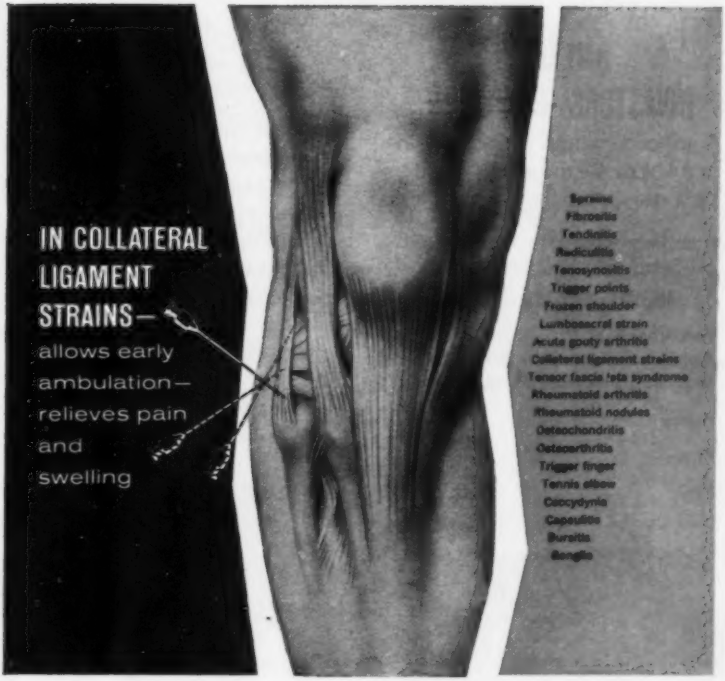
Not objectively, as intraocular pressure can be measured with a tonometer.

The higher level of relief reported with this new corticosteroid is a subjective thing that must be seen, by you, in your own patients.

Alphadrol* Upjohn 75th year

See page 145 for description, indications, dosage, precautions, side effects, and how supplied.

The Upjohn Company, Kalamazoo, Michigan
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*TRADEMARK, REG. U. S. PAT. OFF.—FLUPREDNISOLONE, UPJOHN



SUSPENSION

HYDELTRA-T.B.A.®

PREDNISOLONE TERTIARY-BUTYLACETATE

CONSISTENTLY EFFECTIVE—PROLONGED RELIEF

Dosage: the usual intra-articular, intrabursal or soft tissue dose ranges from 20 to 30 mg. depending on location and extent of pathology.

Supplied: Suspension HYDELTRA-T.B.A.—20 mg./cc. of prednisolone tertiary-butylacetate in 5-cc. vials.



Additional information is available to physicians on request. HYDELTRA-T.B.A. is a trademark of Merck & Co., INC.

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Division of Merck & Co., Inc., West Point, Pa.

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Capital Gains?

AMERICAN INVESTORS FUND, INC.

A no-load mutual fund investing in a list of securities selected as best prospects for capital gains.

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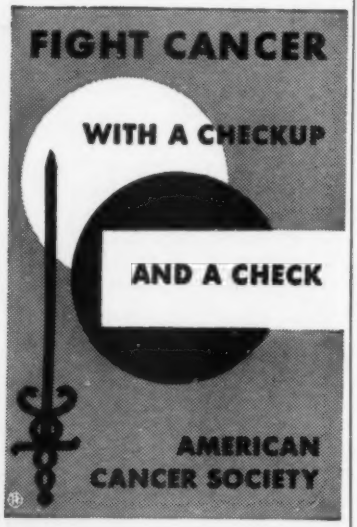
AMERICAN INVESTORS CORPORATION

Larchmont, N. Y. XME-10
Please send me your prospectus on American Investors Fund, Inc.

Name .....

Street .....

City ..... State .....



vesting. So he decided to take the plunge.

He had another reason for taking up trading. "I thought it might be prudent to have a second profession in addition to medicine. If the time ever comes when I can't practice any more, I'll be experienced enough by then to become a full-time trader."

What's an acceptable profit on any one traded stock? Says Dr. Schmidt: "On a stock that costs up to $50 a share, I shoot for a five-point gain. On a $50-to-$100 stock, I hope for a seven-point gain; over $100, a ten-point gain. On the other hand, if a stock starts to fall, I wait until it drops three points. Then I sell it and take my beating."

Success in trading, the La Crosse G.P. points out, lies in being right more often than you're wrong. During the first five months of this year, he traded almost $424,000 in stocks. The return on his successful trades was about $19,000, but that, he admits, was partially offset by $10,500 in bad guesses. So his actual



new LIBRIUM injectable

For rapid response in acute agitation and hyperactivity, anxiety and phobia, hysteria and panic states, alcoholism and drug withdrawal reactions; or in severe emotional disturbances where oral administration is impractical—Librium Injectable.

In the 1001 emergency situations of daily practice and in the hospital emergency room when immediate calming is required for anxious, agitated, restless, confused, disoriented, obstreperous, protesting or panicky patients—Librium Injectable—in situations ranging from accident cases to tragic life events; from behavior crises to emotional crises; from alcoholic DT's and hallucinosis to drug withdrawal or postconvulsive reactions; from upsetting diagnostic procedures to pre- and postoperative states.

Librium HCl Injectable is supplied in 100-mg ampuls for parenteral administration.
Consult literature and dosage information, available on request, before administering.

ROCHE
LABORATORIES · Division of Hoffmann-La Roche Inc.

LIBRIUM® Hydrochloride—7-chloro-2-methylamino-5-phenyl-3H-1, 4-benzodiazepine 4-oxide hydrochloride

profit was close to $8,500 for the period.

"Like most traders," says Dr. Schmidt, "I trade in only a small segment of the major listings. Nobody can trade intelligently all over the map. I trade mostly on the New York Stock Exchange and usually in the stocks of leading companies. This gives me a built-in safety factor: Even if I happen to guess wrong on a price trend, I've still got value. Second, I never try to handle more than fifteen stocks at a time because that's all a man can conveniently watch."

Over-the-counter stocks? "I buy over-the-counter once in a while on a new issue or on something that looks particularly good, but I'm in and out again in short order. It's too risky to buy an over-the-counter stock that I'd have to hold more than a few days. It's my guess that 90 per cent of today's specula-

Vermont Bares its Claus

'Twas the night before Christmas
And all through her skin,
Lurked warts, moles and blemishes...
(Her patience grew thin).

She was sad and unhappy
To sit by and wait;
Not a man would approach her...
She had nary a date.

To Santa she poured out
Her woes in a note...
Next morn brought his answer;
(This was all that he wrote):

"To make your skin lovely,
Both for Yuletide and later,
Try the wonders produced by
That *cool* Hyfrecator!

Your pelt will be flawless
Your life a delight
Merry Christmas to all
and to all a good night."

Edward E. Friedman, M.D.
32 Pleasant Street
Essex Jct., Vermont



WIN THIS PRIZE! The Birtcher Corporation will award a new Hyfrecator and $25.00 in cash to the author of any original Hyfrecator Girl poem accepted for publication. Watch this space for these literary gems.

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SANDOZ

in leading headache clinics,
the drug of choice for migraine is

CAFERGOT®

First thought in migraine:

CAFERGOT TABLETS: **ergotamine tartrate 1 mg., caffeine 100 mg. (Color: light gray, sugar-coated.) Dosage: 2 at first sign of attack; if needed, 1 additional tablet every ½ hour until relieved (maximum 6 per attack).**

CAFERGOT SUPPOSITORIES: **ergotamine tartrate 2 mg., caffeine 100 mg. Dosage: 1 as early as possible in attack; second in 1 hour, if needed (maximum 2 per attack).**

When the headache is associated with nervous tension and G. I. disturbance:

CAFERGOT P-B TABLETS: **ergotamine tartrate 1 mg., caffeine 100 mg., Bellafoline 0.125 mg., pentobarbital sodium 30 mg. Warning: May be habit forming. (Color: bright green, sugar-coated.) Dosage: same as Cafergot Tablets.**

CAFERGOT P-B SUPPOSITORIES: **ergotamine tartrate 2 mg., caffeine 100 mg., Bellafoline 0.25 mg., pentobarbital sodium 60 mg. Warning: May be habit forming. Dosage: same as Cafergot Suppositories.**



Notable Success with VISTARIL...

in prepartum tension and anxiety		allays anxiety without impairing ability to cooperate during labor and delivery[1]	reduces narcotic requirements and incidence of narcotic-induced respiratory depression, helps control emesis[1,4]
in the cardiac or the hypertensive patient		allays anxiety without adverse influence on blood pressure[2]	helps correct certain functional arrhythmias, does not increase gastric secretion[2]
in problem drinkers		allays anxiety—makes patient more manageable[3]	produces no significant depression of blood pressure, pulse rate, or respiration. No liver involvement reported
in preoperative tension and anxiety		allays anxiety without depression of vital functions[4]	reduces incidence of narcotic-induced respiratory depression and hypotension, relaxes skeletal muscle, smooths recovery and helps control emesis[4]
in pediatrics		allays tension in agitated, hyperkinetic patients	avoids danger of liver damage or other untoward reactions

References: 1. Benson, C., and Benson, R. C.: Scientific Exhibit, Illinois Acad. Gen. Practice, Sept., 1960. **2.** Salmons, J. A.: Dis. Chest 38:105, 1960. **3.** Major, R. A.: GP 21:104, 1960. **4.** Grady, R. W., and Rich, A. L.: Scientific Exhibit, Am. Soc. Anesth., New York, Oct. 4-7, 1960.

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for successful tranquilization –

Vistaril®

ORAL/HYDROXYZINE PAMOATE
PARENTERAL/HYDROXYZINE HYDROCHLORIDE

effectively allays anxiety

no reported incidence of liver damage, respiratory depression or addiction

exerts helpful antiemetic, antisecretory, antipruritic effects

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IN BRIEF

Vistaril is hydroxyzine pamoate. The hydrochloride salt of hydroxyzine is used in the parenteral solution.

Vistaril acts rapidly in the symptomatic treatment of a variety of neuroses and other emotional disturbances manifested by anxiety, apprehension or fear—whether occurring alone or complicating a physical illness. Used preoperatively and prepartum, Vistaril controls anxiety and fear, permits a substantial reduction in the amount of meperidine or other narcotic required for satisfactory analgesia, and helps prevent emesis. Vistaril's calming effect usually does not impair discrimination, and is accompanied by direct and secondary muscle relaxation. No toxicity has been reported with Vistaril, and it has a remarkable record of freedom from reactions.

INDICATIONS: Vistaril is clinically effective in anxiety and tension states, senility, anxiety associated with various disease states, alcoholism, pre- and postpartum and pre- and postoperative tension and emesis, certain functional arrhythmias, and pediatric behavior problems.

ADMINISTRATION AND DOSAGE: Dosage varies with the state and response of each patient, rather than with weight and should be individualized by the physician for optimum results. *Recommended oral dosage:* In anxiety and tension states, senility, alcoholism, pre- and postoperative and pre- and postpartum tension and emesis: up to 400 mg. daily in divided doses. In anxiety associated with asthma, neurodermatoses, menopausal syndrome, digestive disorders, functional or essential hypertension, tension headaches: 50 mg. q.i.d. initially—adjust according to response. In cardiac arrhythmias: initial—25 mg. q. 6 h. until arrhythmia disappears; maintenance or prophylactic—50-75 mg. daily in divided doses. In pediatric behavior problems under 6 years: 50 mg. daily in divided doses. Six and over: 50-100 mg. daily in divided doses. *Recommended parenteral dosage:* In preoperative, obstetrical, and more emergent situations in other indications: 25-100 mg. I.M. or I.V. q. 4 h., p.r.n. In cardiac arrhythmias: 50-100 mg. I.M. stat, and q. 4-6 h., p.r.n.; maintain with 25 mg. b.i.d. or t.i.d.

SIDE EFFECTS: Drowsiness may occur in some patients; if so, it is usually transitory, disappearing within a few days of continued therapy or upon reduction of dosage. Dryness of mouth may be encountered at higher doses.

PRECAUTIONS: The potentiating action of hydroxyzine should be taken into account when the drug is used in conjunction with central nervous system depressants. Do not exceed 1 cc. per minute I.V. Do not give over 100 mg. per dose I.V. Parenteral therapy is usually for 24-48 hours, except when, in the judgement of the physician, longer-term therapy by this route is desirable.

SUPPLIED: VISTARIL *Capsules* (hydroxyzine pamoate)—25, 50, and 100 mg. VISTARIL *Oral Suspension* (hydroxyzine pamoate)—25 mg. per 5 cc. teaspoonful. VISTARIL *Parenteral Solution* (hydroxyzine hydrochloride)—10 cc. vials, 25 mg. per cc.; 2 cc. ampules, 50 mg. per cc.

More detailed professional information available on request.

tion is done in the over-the-counter market."

Dr. Schmidt takes pains to point out that he's a trader—not a speculator. Both, he says, are gamblers. "But the trader is a professional who really knows the market and plays the percentages. The speculator resembles the horse player who places his bets by the phase of the moon or by counting the number of letters in the jockey's name."

The doctor has a few hot tips for his colleagues who want to invest in the stock market, but not of the type you probably have in mind: "Don't buy on margin, stay away from tip sheets, and be sure to get yourself a good broker who knows your goals."

How about trading? "I don't think it's practical for the average doctor," he says. "But if you do want to start out in trading, the best thing that could happen would be to *lose* money on your first transaction.

"Then you'd have to face up to the realities of trading and decide whether it's for you. It's fatal in this business to think you can't lose!"

Cash on delivery?

A patient of mine allegedly overheard this snatch of conversation while sitting in his dentist's waiting room: Dentist: "My dear, I'm afraid I'm going to have to pull that tooth." Female patient: "Oh, *no*, Doctor! I think I'd rather have a baby than have a tooth pulled." Dentist: "Just make up your mind then—which way do you want me to adjust the chair?"

—*Herbert Bauer*, M.D.



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For greater resistance to dry heat...B-D ACE Rubber Elastic Bandage incorporates a newly developed, heat-resistant **extruded** latex rubber. As a result, ACE withstands 320° F. dry-heat sterilization...maintains its elasticity longer than ordinary bandages. And remember, only ACE provides a balanced weave of warp and woof threads to assure continuous uniform support.

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60501

How to prescribe yourself int

By Francis J. Martell, M.D.

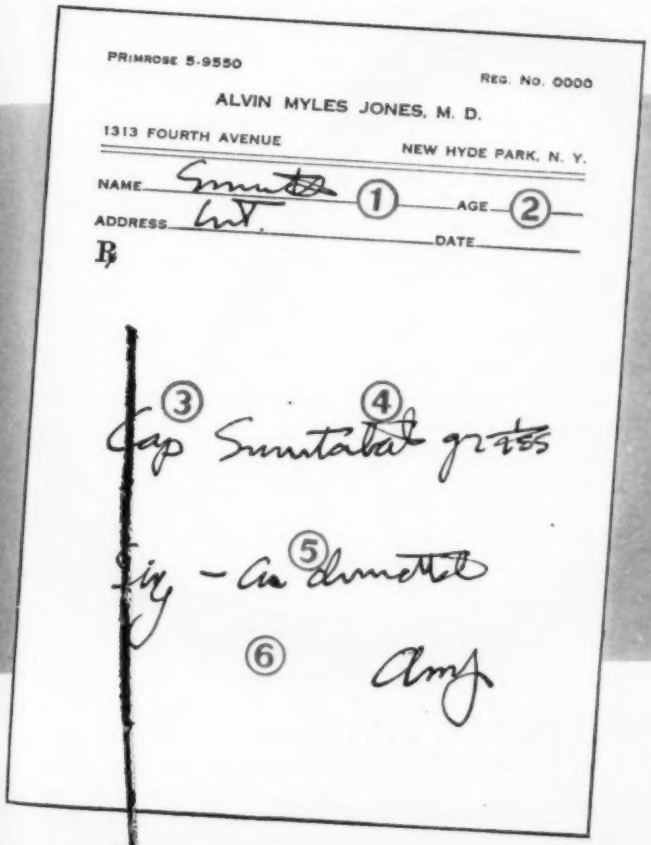
Six common errors in writing an Rx

1. **Patient's name and address not complete**
2. **Patient's age not given**
3. **Failure to estimate amount of medicine that patient will actually need**
4. **Unintelligible handwriting**
5. **Specific directions not given on how to use the medicine**
6. **Failure to specify whether or not the Rx may be refilled—or, if so, how often**

Faulty Rxs are commoner than you may think, says this New York G.P. On the following pages he describes the chief ways they can cause you to lose patients, alienate druggists, and even land in court

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into trouble


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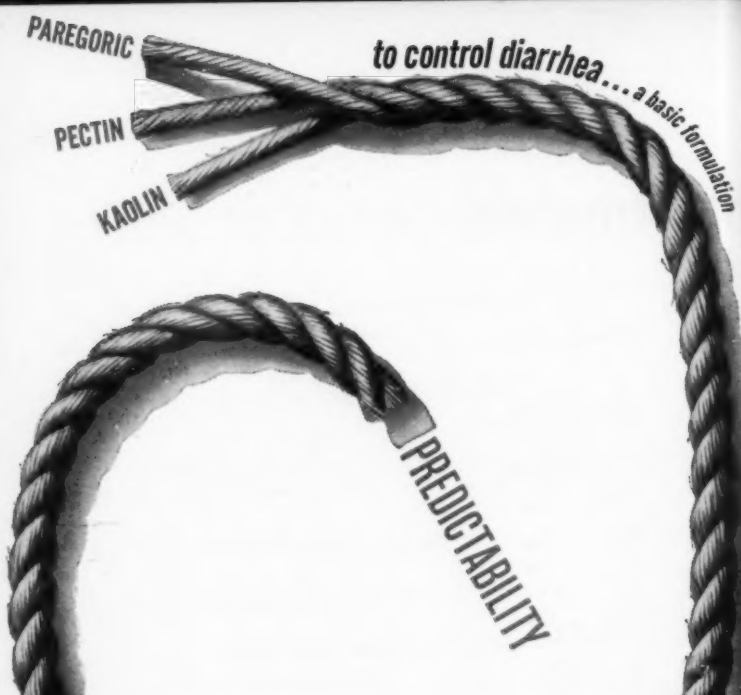
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• Pleasant taste • Compatible with antibiotics • Uniform consistency

Parepectolin: each fluid ounce—Paregoric (equivalent) 1.0 dram, Pectin 2.5 gr., Kaolin (specially purified) 85 gr. Bottles of 4 and 8 fluid ounces.

WILLIAM H. RORER, INC. FORT WASHINGTON, PA.

If something goes wrong with a prescription, who's at fault—you or the pharmacist? You might think it's the pharmacist; actually, both of you can be held responsible when there's an Rx backfire.

My own observations and reports from physicians and pharmacists across the country indicate why. More often than not, a faulty Rx stems from *incomplete* or *misunderstood* written instructions. Such a prescription may not always be disastrous enough to land you in court, but it can certainly lead to a lot of wasted time and a loss of goodwill.

Here are the ten most common ways in which you can make trouble for yourself at the very moment you're writing out an otherwise impeccable prescription:

Troublemaker No. 1: Not taking extra pains with your penmanship. Don't assume the pharmacist can figure out what you mean. One New Orleans doctor learned this when an assistant druggist deciphered a certain word as "atropine" and filled the Rx accordingly. The word the doctor thought he had written was "adrephine."

Result? The child patient was hospitalized for a week, with the doctor treating at no fee and the pharmacy owner footing the hospital bill. They were lucky: There was no suit. But the doctor now *prints* the name of any drug that could possibly be mistaken for another.

Similar incidents are reported regularly in every section of the country. A New England doctor's "10 gr." was taken to be "10 Gm."—and he lost the resulting lawsuit. An Oregonian's "Signemycin" was read as "Sigmagen" by the pharmacist, and so dispensed. And even a label on the bottle reading "For external use only" didn't protect a Missouri M.D. after the "paraldehyde" in his Rx had been mistaken for "formaldehyde."

Most druggists complain that too many prescriptions are written illegibly. You'll be doing yourself a service if you give them less cause to complain from now on.

Troublemaker No. 2: Not writing the patient's full name and address on the Rx blank. Do

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you find this a waste of time? It isn't. Listen to this story from a New York City pharmacist: "A woman came in one afternoon with a prescription for her sick child. She couldn't wait but said she'd return before we closed at 6. Five minutes before closing, she called and asked us to deliver the medicine. It was only after she'd hung up that we discovered there was no address on the Rx. Her name wasn't in the telephone book, and we couldn't reach the doctor.

"The next day the woman stormed in, absolutely furious. When we told her what had happened, she stormed out, her fury now aimed at the doctor. Luckily, her child wasn't seriously ill. But suppose he had been?"

City pharmacists report it's not uncommon for two families with the same last name to live on the same street and patronize the same pharmacy. A completely filled-out Rx heading is the doctor's only protection against same-name mix-ups. And it's a legal requirement for all narcotics prescriptions.

Troublemaker No. 3: Not indicating the patient's age. A Midwestern doctor mistakenly prescribed one-gram tablets instead of quarter-gram tablets of an antimicrobial for a 3-year-old. As a result, the child died. In court, the pharmacist testified that the dosage was normal for an adult and that he'd had no idea the Rx was for a child. And because the doctor had omitted an age notation on the prescription, he paid heavily.

Druggists from coast to coast are unanimous in asking you to indicate the patient's age on all your prescriptions. Either "Adult" or "Over 21" is usually enough for a grown-up. But when the patient is a child, the exact age is called for. Some dosages that might be fine for a 14-year-old could kill a child of 3, the druggists point out. Some of them have seen it happen. And remember that in many states it's mandatory to put down the patient's exact age when prescribing narcotics.

Troublemaker No. 4: Not writing out more specific directions than "Sig: as directed." One Kansas G.P. told a woman to take a teaspoonful of the prescribed drug every four hours,

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anorectal comfort...that lasts

Patients want full, fast and lasting relief from the distressing symptoms of common anorectal disorders, such as hemorrhoids, proctitis and pruritus ani.

to maintain lasting anorectal comfort continue therapy with

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hemorrhoidal suppositories or unguent

to prevent recurrence of symptoms, one Anusol Suppository morning and evening and after each evacuation. Supplement with Anusol Unguent as required.

to provide immediate anorectal comfort start therapy with

anusol-HC®

hemorrhoidal suppositories with hydrocortisone acetate, 10 mg.

to reduce inflammatory reaction and to provide immediate relief of anorectal pain and itching, two Anusol-HC Suppositories daily for 3 to 6 days.

Neither Anusol nor Anusol-HC contains anesthetic drugs which might mask the symptoms of serious rectal pathology.

Made of TEGRAL GELUSIL PROLOID PERITRATE WANDELAMINE

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but she got confused and swallowed four teaspoonsful every hour. When she sued him because of the results, the "Sig: as directed" on his prescription blank didn't help him at all. The jury awarded her $10,000.

Verbal instructions usually have less serious results. But they can still shake a patient's faith in a physician. Consider this experience reported by a Massachusetts pharmacist: "A woman patient complained to us that the tablets her physician had prescribed for her 'female trouble' didn't dissolve readily, left a residue, and were uncomfortable. She thought he must have prescribed an inferior brand. She blamed both of us because the tablets were no good. Actually, she was inserting into the vagina tablets that were meant to be taken orally. The doctor's Rx had said simply



"That was fun. Want to try it again?"

MIND OVER MATTER
MATTER OVER MIND



IMPROVED MANAGEMENT OF G-I DISORDERS

Cause ⇌ Effect Therapy: For the relief of G.I. disorders, from peptic ulcer to irritable bowel, consider the logic of LIBRAX – prompt anti-secretory-antispasmodic action with Quarzan plus concurrent control over emotional elements with Librium.

On the organic level, Quarzan, a completely new anticholinergic developed by Roche research, checks hypersecretion and inhibits hypermotility of both the upper and lower digestive tract. Evaluated in many patients for periods up to 30 months, Quarzan decisively relieves symptoms of G.I. disorders even in recalcitrant cases; the drug has minimal parasympathetic blockage to other than G.I. structures.

On the functional level, Librium, the specific antianxiety agent, rapidly calms tension and eases emotional upset – yet Librium preserves mental acuity during waking hours, does not interfere with the patient's ability to perform his normal duties. Librium has been safely used in over 6 million patients, many of whom had failed to respond to previous therapy. Of particular importance in gastrointestinal disorders, Librium has the marked advantage of specific freedom from G.I. side effects.

NEW

LIBRAX

CAUSE ⇌ EFFECT THERAPY

Consult literature and dosage information, available on request, before prescribing.

LIBRAX® LIBRIUM® – 7-chloro-2-methylamino-5-phenyl-3H-1, 4-benzodiazepine 4-oxide
QUARZAN® – 1-methyl-3-benziloyloxyquinuclidinium

ROCHE LABORATORIES Division of Hoffmann-La Roche Inc. Nutley 10, N. J.

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'As directed,' and she'd got the directions wrong."

Even written Rx instructions may not be safe unless they spell out the most elementary details. A Michigan druggist reports: "We've had a number of instances where patients used suppositories exactly as their doctors said they should. But they hadn't been told to remove the foil wrapping before insertion. So they left it on." Bitter experience has taught other doctors that even such written instructions as "take three times a day" may not be specific enough. They've learned to add the words "before meals," "after meals," or even the specific times of day.

Troublemaker No. 5: Not mentioning the side effects or symptoms that might mean the patient should stop taking the medicine. Suppose a patient phones around 3 A.M. to tell you hysterically that his stool is green or that he suddenly feels dizzy. A few words at the time you write the Rx can prevent the nuisance of such a call.

It's good legal protection, too, to write warning symptoms on your prescription. If you're prescribing a drug that could cause a blood dyscrasia, for example, you might write: "Discontinue if rash or sore throat occurs." Without something in writing, you might find it difficult to convince a jury you had protected the patient against possible complications.

Troublemaker No. 6: Not stopping to figure out the exact amount of medicine the patient will probably need. If there's some left over, next time the patient may use it under different circumstances. Or it might be found and downed by some curious child. If the results are disastrous, your name on the label may make somebody decide to blame you.

So you'll do well to balance the advantage of the "large, economy size" against the possibility that your patient will need only half the amount. One experienced physician says: "I seldom prescribe more than a two- or three-day supply of any drug. There's always the chance it may prove ineffective. It's best to prescribe only what's needed for a specific illness, and that

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just a spray away...for soothing, cooling relief in allergic and inflammatory dermatoses

METI-DERM® AEROSOL

prednisolone topical

topical "Meti" steroid benefits in a fast and direct form

- reduces itching and burning on contact • rapidly clears inflammatory edema...promotes healing • "reaches" all areas... leaves no residue

available in 50 Gm. and 150 Gm. spray containers with or without neomycin; 10 Gm. and 25 Gm. tubes of cream; 10 Gm. and 25 Gm tubes of ointment with neomycin.

For complete details, consult latest Schering literature available from your Schering Representative or Medical Services Department, Schering Corporation, Bloomfield, New Jersey.

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a NEW physiologic agent for many cases of FATIGUE

Wide range of utility

Studies in more than 2000 patients show that SPARTASE has a wide range of clinical utility in the fatigue syndrome. It may be used either alone in functional disorders or, adjunctively, in the presence of organic disease. SPARTASE is particularly useful in treating the tired patient with no evidence of organic dysfunction.



High order of safety

SPARTASE is not a CNS stimulant, enzymatic inhibitor, or antidepressant. Does not cause hangover, dependence, or a let-down feeling.

There are no known contraindications to SPARTASE, nor does it produce serious side effects. Rarely, nausea, abdominal discomfort, or diarrhea may occur. Use *after* meals minimizes these.

For further information on limitations, administration, and prescribing of SPARTASE see descriptive literature or current Direction Circular.

physiologic anti-fatigue agent

TABLETS

Spartase®

Potassium and Magnesium Aspartates, Wyeth

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When fatigue prevents your patient from functioning to his fullest potential . . . and when not due to temporary physical or mental overexertion, SPARTASE is often therapeutically indicated



SPARTASE relieves fatigue expressed as:

chronic fatigue[1,2]—without evidence of organic dysfunction—restores work capacity in selected cases

psychogenic fatigue[1]—helps overcome inertia—useful in conjunction with appropriate specific therapy

fatigue accompanying organic conditions[1-3]—such as postinfluenzal syndrome, post-infectious hepatitis and mononucleosis, convalescent pneumonia—prenatal and postpartum fatigue—obesity—anemia

note: The use of SPARTASE is not intended to supplant specific treatment for organic disease or to substitute for specific indications for potassium.

Wyeth Laboratories Philadelphia 1, Pa.

references: 1. Kruse, C.A.: Northwest Med. *60*:597 (June) 1961. 2. Chesney, M.A., and Tullis, I.F.: Scientific Exhibit, Annual Meeting, American Medical Assoc., New York City, June 25-30, 1961. 3. Shaw, D.L., Jr; Chesney, M.A.; Tullis, I.F., and Agersborg, H.P.K., Jr.: Paper read at Sixty-second Annual Meeting, American Therapeutic Society, New York City, June 22-25, 1961.

XUH

only for a specific period of time."

Troublemaker No. 7: Not specifying whether the prescription can be refilled—or, if so, how often. It's the pharmacist's job to keep track of refill rules but, according to the A.M.A., it's also your responsibility. You've heard about those tranquilizer prescriptions written with no limitation on refills: Friends have apparently been passing them around.

If your Rx doesn't say anything about refills, the pharmacist is supposed to call you on it. It's a nuisance if he does. It may be even worse if he doesn't. It's like signing your name to some blank checks and then letting them get into circulation.

Troublemaker No. 8: Not taking time to read over a prescription after writing it. An Illinois doctor learned this lesson when he wrote a prescription for a 6-month-old baby. A

OTIC



Ear Solution, 1 bottle Powder, 50 mg.; 1 bottle Diluent (benzocaine 5% solution in propylene glycol), 10 cc.

ACHROMYCIN®
Tetracycline Lederle

a standard in external antibiotic therapy

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The last goodbyes are but memories. From every side, strange sounds; the restlessness of the sea. Now, the time is for sleep. Restful, gentle, non-barbiturate Placidyl sleep. Placidyl, the traveler's lullaby.... certain as the tides.



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In General Practice: No contraindication in aged or debilitated. No respiratory depression in the usual dosages. **In Surgery:** Pre or postoperative. **In Psychiatry:** Can be used at effective dosages over long periods. **In Internal Medicine:** Sedation without disturbance of physiological responses. **In Obstetrics-Gynecology:** Well tolerated for use during complete pregnancy cycle.

ABBOTT

Placidyl® nudges your patient to sleep

Ethchlorvynol, Abbott.



Her Doctor cleared her dandruff–and her shelves–with a stroke of his pen

And he did it with just one prescription for Selsun. Now, no more searching for dandruff "cures" that only take up space on shelves. Best of all, no more itching, burning, scaling . . . because Selsun has been reported to stop dandruff in 92 to 95% * of all cases. Fortunately, she mentioned the symptoms to her doctor. Most people don't. That's why a word from you . . . Selsun . . . can mean so much to your dandruff patients.

SELSUN®
Suspension
an ethical answer to a medical problem
Selsun—Selenium Sulfide, Abbott

ABBOTT

*Slinger, W. N., and Hubbard, D. M., Treatment of Seborrheic Dermatitis with a Shampoo Containing Selenium Disulfide, Arch. Dermat. & Syph., 64:41, 1951.

few days later, the baby died—and the doctor faced a $50,000 malpractice suit. He'd meant to prescribe *Tr. Opii. Camph.* Through an inexplicable mental slip, he'd written *Tr. Opii deod.* Had he read over his Rx, he'd almost certainly have caught it. As it was, the court ruled him responsible for the baby's death.

Troublemaker No. 9: Not keeping a record of every prescription you write. You should keep full Rx records for your own legal protection. Case after court case has been lost by doctors who didn't have an Rx record with which to dispute a patient's claim.

And if it's too much trouble to use carbon paper—well, you no longer have to. There are commercially available chemically treated pads that produce duplicate copies through pen pressure alone. There's no practical reason not to make copies of all your prescriptions—even the "routine" ones. Copies can be the clinching evidence in malpractice cases involving medication.

Troublemaker No. 10: Not double-checking every telephoned prescription by having the druggist read it back to you, spelling out all drug names and dosages. Let a California pharmacist tell you about a case in point: "Two years ago, a busy G.P. called us and hurriedly ordered what we understood to be 'Desoxyn 2.5 mg.' His patient was an elderly woman with a heart condition. The prescription was often refilled with the doctor's consent, over the next two years. Recently the woman developed palpitations and consulted a cardiologist. When he checked the prescription, he discovered that the family doctor had intended his patient to get Digoxyn .2 mg. For two years she'd been taking the wrong medicine!"

In this day of burgeoning brand names, many almost alike, the chances of telephone misunderstanding are greatly increased. So you'd be well advised to spend *more* time on telephoned prescriptions than on almost any other type of call. Follow them up in writing, too. The man who's "too busy" to take that precaution is probably the best bet to wind up in trouble.

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effective
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for surgical
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CHLOROMYCETIN®

(chloramphenicol, Parke-Davis)

Wound infection – a common postoperative complication – can very often be traced to staphylococcal invasion.[1-3] In such cases, CHLOROMYCETIN may well be an agent of choice, since "...the very great majority of the so-called resistant staphylococci are susceptible to its action."[4]

Contributing significantly to this preference is the fact that staphylococcal resistance to CHLOROMYCETIN remains surprisingly infrequent, despite widespread use of the drug.[5,6] For example, even though consumption of CHLOROMYCETIN at one hospital increased markedly since 1955, there was little change in the susceptibility of staphylococci to the drug.[6]

Characteristically broad in its range of antibacterial action, CHLOROMYCETIN has also proved valuable in surgical infections caused by other pathogens – both gram-positive *and* gram-negative.[7-8]

CHLOROMYCETIN (chloramphenicol, Parke-Davis) is available in various forms, including Kapseals® of 250 mg., in bottles of 16 and 100.

See package insert for details of administration and dosage.

Warning: Serious and even fatal blood dyscrasias (aplastic anemia, hypoplastic anemia, thrombocytopenia, granulocytopenia) are known to occur after the administration of chloramphenicol. Blood dyscrasias have occurred after both short-term and prolonged therapy with this drug. Bearing in mind the possibility that such reactions may occur, chloramphenicol should be used only for serious infections caused by organisms which are susceptible to its antibacterial effects. Chloramphenicol should not be used when other less potentially dangerous agents will be effective, or in the treatment of trivial infections such as colds, influenza, or viral infections of the throat, or as a prophylactic agent.

Precautions: It is essential that adequate blood studies be made during treatment with the drug. While blood studies may detect early peripheral blood changes, such as leukopenia or granulocytopenia, before they become irreversible, such studies cannot be relied upon to detect bone marrow depression prior to development of aplastic anemia.

References: (1) Pulaski, E. J., & Taylor, L. W.: *California Med.* 92:35, 1960. (2) Finland, M.: DM: Disease-a-Month, Sept., 1960, p. 3. (3) Monsour, V.; Bernard, H. R., & Cole, W. R.: *Missouri Med.* 57:1006, 1960. (4) Welch, H., in Welch, H., & Finland, M.: Antibiotic Therapy for Staphylococcal Diseases, New York, Medical Encyclopedia, Inc., 1959, p. 14. (5) Bauer, A. W.; Perry, D. M., & Kirby, W. M. M.: *J.A.M.A.* 173:475, 1960. (6) Petersdorf, R. G., *et al.*: *Arch. Int. Med.* 105:398, 1960. (7) Goodier, T. E. W., & Parry, W. R.: *Lancet* 1:356, 1959. (8) Lind, H. E.: *Am. J. Proctol.* 11:392, 1960.

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PARKE, DAVIS & COMPANY, Detroit 32, Michigan

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Protects the angina patient better than vasodilators alone

The coronary patient's anxiety about his condition can easily induce an anginal attack or, in myocardial infarction, can delay recovery.

This is why Miltrate gives better protection than vasodilators alone.

Miltrate contains PETN (pentaerythritol tetranitrate), acknowledged as basic therapy for long-acting vasodilation.

Miltrate also provides Miltown, a tranquilizer which, unlike phenobarbital, relieves tension without inducing daytime fogginess.

Thus, your patient's cardiac reserve is protected against his concern about his condition; his arteries are dilated to enhance myocardial blood supply—and he can carry on normal activities more effectively.

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Subject index

Medical Economics, July through December, 1961

Each listing shows article title, date of issue, and page number. Copies of MEDICAL ECONOMICS containing these articles may be purchased, as long as the supply lasts, at 60 cents per copy.

Accounts

Insure your accounts receivable. July 3, p. 76

Practice management Q & A: No service charge for overdue accounts. July 31, p. 123

Practice management Q & A: Annual statements for the cash patient. Aug. 28, p. 185

What's your practice worth today? Sept. 11, p. 82

Why it pays to split your office records. Nov. 6, p. 118

Practice management Q & A: How long to carry an uncollected account. Dec. 18, p. 153

Aged

M.D.s get others to cut fees for aged too. July 31, p. 116

They say you can't go it alone! July 31, p. 127

Hot day at the hearings. Sept. 11, p. 209

How to win over a unionist. Sept. 25, p. 19

The firm, friendly way. Oct. 9, p. 25

Test tube for Kennedy's health plan. Oct. 9, p. 211

Should that Gallup Poll worry you? Oct. 23, p. 179

These M.D.s fight *for* Kennedy's health plan. Oct. 23, p. 197

Is private practice doomed? Nov. 20, p. 132

Will Javits bring on Social Security medicine? Nov. 20, p. 195

American Medical Assn.

Are you gambling on patients' consent? July 3, p. 68

Do your consent forms really protect you? July 17, p. 78

Green light for osteopaths. July 31, p. 97

'We don't need mandatory A.M.A. membership.' July 31, p. 148

How to get patients to sign consent forms. Aug. 14, p. 75

Stay out of politics? Aug. 14, p. 15

What good doctors can do about bad ones: 'Self-discipline starts at the top.' Aug. 14, p. 125

Corporate medicine: new route to a tax-sheltered pension. Aug. 28, p. 67

Hot day at the hearings. Sept. 11, p. 209

What does 'freedom of choice' really mean? Oct. 9, p. 255

'Freedom of choice' is not a cliché. Oct. 23, p. 45

These M.D.s fight *for* Kennedy's health plan. Oct. 23, p. 197

Board stiff? New rules take out some starch. Nov. 20, p. 157

'Continuing education' is coming of age. Nov. 20, p. 44

You can dissent in medical politics. Nov. 20, p. 27

How you can fight COPE. Dec. 4, p. 19

Practice management Q & A: Listing yourself in a medical directory. Dec. 4, p. 165

You can save free medicine in America. Dec. 18, p. 96

Assistants

Aid for your aide: how to conquer the telephone. July 3, p. 82

Hire a relative? It makes economic sense. July 31, p. 80

Practice management Q & A: When your wife wants to work for you. Aug. 14, p. 178

Aid for your aide: how to run a doctor's office on time. Aug. 28, p. 149

Practice management Q & A: Pay arrangements for the part-time aide. Aug. 28, p. 183

Keep your aide smiling—with mirrors. Sept. 11, p. 114

Practice management Q & A: How to deal with a gossiping ex-employe. Sept. 11, p. 180

How to hire the perfect girl. Sept. 25, p. 97

Aid for your aide: the most efficient way to keep medical records. Oct. 9, p. 100

Practice management Q & A: How to handle squabbling employes. Oct. 9, p. 152

Don't lose touch with delegated work! Oct. 23, p. 213

Your aide can help you fight socialized medicine. Oct. 23, p. 98

Why aren't nurses our allies any more? Nov. 6, p. 41

Aid for your aide: best way to file medical records. Nov. 20, p. 100

Practice management Q & A: Fringe benefits to offer a new aide. Nov. 20, p. 187

Are hospitals stealing your aides? Dec. 4, p. 218

Practice management Q & A: When your aide makes you sound too busy. Dec. 18, p. 153

Banks and banking

Is your safe deposit box really safe? Sept. 11, p. 184

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Practice management Q & A: How to cut down your trips to the bank. Sept. 25, p. 185
How to put a trust to work for you. Oct. 9, p. 161
Banks can help you with slow-paying patients. Nov. 6, p. 253
New college loan plan: Pay now, go later. Nov. 20, p. 214
He combines two careers—medicine and banking. Dec. 4, p. 117

Biography

Donnelly, James F.: He's organizing patients to fight 'medical abuses.' July 3, p. 154
Ostich, Nathan H.: This M.D. is going places—fast! July 31, p. 70
Souchon, Edmond: He's a surgeon, a medical pioneer—and all that jazz. Sept. 11, p. 116
Smith, Sir Sydney: Mostly murder. Sept. 25, p. 212
Gates, Herbert: Five boy wonders launch a $250,000 clinic. Nov. 6, p. 108
Hubach, Frederick: Five boy wonders launch a $250,000 clinic. Nov. 6, p. 108
Linhart, Joseph: Five boy wonders launch a $250,000 clinic. Nov. 6, p. 108
Renner, John: Five boy wonders launch a $250,000 clinic. Nov. 6, p. 108
Sullivan, Robert: Five boy wonders launch a $250,000 clinic. Nov. 6, p. 108
Ritt, Dr. Albert E.: He combines two careers—medicine and banking. Dec. 4, p. 117

Book features

America: too young to die! Sept. 11, p. 264
Mostly murder. Sept. 25, p. 212
Socialized medicine—as seen by the Socialist Party. Oct. 9, p. 270
The coming of the Smooth Deal. Oct. 23, p. 252
In defense of our schools. Nov. 6, p. 276
The war called peace. Nov. 20, p. 254

Cars

Is package auto insurance for you? July 31, p. 63
Parking chaos at your hospital? Try meters. Aug. 14, p. 194
What to do when your youngster asks for a car. Sept. 25, p. 149
Do you skimp on auto liability insurance? Oct. 23, p. 80
Here's how much a compact can save you. Oct. 23, p. 75
Clear sailing for this G.P.'s house calls. Nov. 6, p. 100
How to get the best deal on a new car. Nov. 6, p. 92
Your car will soon be cheaper to run. Nov. 6, p. 99
Could you handle these driving emergencies? Dec. 4, p. 93
Green light *now* for auto stocks? Dec. 18, p. 157
Want a car just for fun? Try these. Dec. 18, p. 78

Chiropractors

Chiropractic is cracking up! Aug. 14, p. 181

Collections

Insure your accounts receivable. July 3, p. 76
Practice management Q & A: Collecting your bills by certified mail. July 17, p. 150
How your patients fared during the recession. July 31, p. 77
Practice management Q & A: Collection letters need not be crass. July 31, p. 126
Don't tell his boss what your patient owes you. Aug. 14, p. 172
Practice management Q & A: Suing the patient who won't pay. Aug. 14, p. 178
How to get your bills out three times faster. Sept. 11, p. 109
Practice management Q & A: Giving discounts for cash payments. Sept. 11, p. 177
How to set up your own collection agency. Sept. 11, p. 177
How a precollection service can help you. Sept. 25, p. 189
Practice management Q & A: Collecting money on a check that bounces. Oct. 9, p. 149
Five ways to bolster your collections. Oct. 23, p. 101
When to take your patient to court. Oct. 23, p. 244
Banks can help you with slow-paying patients. Nov. 6, p. 253
Practice management Q & A: How to get cash on slow-pay accounts. Nov. 20, p. 187
You can collect from a bankrupt. Nov. 20, p. 236
One way to collect your small unpaid accounts. Dec. 4, p. 171
Practice management Q & A: When to mail out your surgical bills. Dec. 4, p. 165
Strike a bargain with slow-paying patients. Dec. 4, p. 166
Practice management Q & A: How long to carry an uncollected account. Dec. 18, p. 153

Drugs and druggists

Generic prescribing? It could be dangerous. July 3, p. 62
Drug prices and profits. July 17, p. 15
How you influence your colleagues' prescribing. July 17, p. 64
They say you can't go it alone! July 31, p. 127
This may tighten control of drugs in hospitals. July 31, p. 61
Practice management Q & A: How to protect the drug-allergic patient. Aug. 28, p. 183
What's your practice worth today? Sept. 11, p. 82
What you should know about discount drugs. Dec. 4, p. 98

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Why you're getting less mail this year. Dec. 4, p. 116
How to prescribe yourself into trouble. Dec. 18, p. 188

Education

For smart youngsters: college study in H.S. July 3, p. 75
'Early decision' can beat college admissions rush. Aug. 14, p. 83
Post-graduate courses use two-way radio. Aug. 28, p. 109
Training, yes! Money, no! Aug. 28, p. 42
They're out to lick the doctor shortage. Sept. 11, p. 98
Abolish board exams? No, say training directors. Sept. 25, p. 192
Four-year residencies for surgical specialties? Sept. 25, p. 198
If son wins scholarship, he's still an exemption. Sept. 25, p. 102
They'll be teaching M.D.s by machine. Sept. 25, p. 198
Here's one way to find teaching patients. Oct. 23, p. 110
Will there be a 'West Point of Medicine'? Oct. 23, p. 106
'Continuing education' is coming of age. Nov. 20, p. 44
New college loan plan: Pay now, go later. Nov. 20, p. 214

Equipment

Home phone a plague? Then coach your family. Aug. 14, p. 154
How to get the most out of a product guarantee. Sept. 11, p. 237
Keep your aide smiling—with mirrors. Sept. 11, p. 114
Practice management Q & A: A space-saving way to store old X-rays. Sept. 11, p. 177
What's your practice worth today? Sept. 11, p. 82
Take enlightened notes in the dark. Sept. 25, p. 93
'Your X-rays aren't safe!' Sept. 25, p. 82
Mr. Bell's booby trap. Nov. 6, p. 102
An unlisted phone? Can't do without it! Nov. 6, p. 42
Would it pay to use isotopes in your office? Nov. 6, p. 235

Estate planning

A trust fund can save you tax dollars. Sept. 11, p. 139
Is your safe deposit box really safe? Sept. 11, p. 184
How a trust can help your heirs. Sept. 25, p. 167
How to put a trust to work for you. Oct. 9, p. 161

Ethics

They're turning in unethical doctors. July 17, p. 105
Green light for osteopaths. July 31, p. 97
What good doctors can do about bad ones: 'He's a menace to the public and the profession.' Aug. 14, p. 102
What good doctors can do about bad ones: 'Self-discipline starts at the top.' Aug. 14, p. 125
What good doctors can do about bad ones: 'There are 15,000 to 20,000 doctors like him.' Aug. 14, p. 109
Hippocrates: abridged but not deflated. Aug. 28, p. 39
Is this doctor unethical? Nov. 6, p. 119
Would you breach this patient's confidence? Nov. 6, p. 136
Practice management Q & A: Listing yourself in a medical directory. Dec. 4, p. 165

Family

For smart youngsters: college study in H.S. July 3, p. 75
What to tell your draft-age son. July 17, p. 176
'Early decision' can beat college admissions rush. Aug. 14, p. 83
How well do your children manage money? Aug. 14, p. 84
Practice management Q & A: When your wife wants to work for you. Aug. 14, p. 178
How to make your family checkbook foolproof. Sept. 11, p. 90
If son wins scholarship, he's still an exemption. Sept. 25, p. 102
What to do when your youngster asks for a car. Sept. 25, p. 149
Discourage your son from becoming a doctor? Oct. 23, p. 105
How I save $2,500 a year on overhead. Nov. 20, p. 221
New college loan plan: Pay now, go later. Nov. 20, p. 214

Fees

Practice management Q & A: How to adjust fees in a new location. July 3, p. 128
Price vs. value. July 3, p. 11
What doctors criticise most about Blue Shield. July 3, p. 53
Practice management Q & A: What to bill after-hours office patients. July 17, p. 149
M.D.s get others to cut fees for aged too. July 31, p. 116
They say you can't go it alone! July 31, p. 127
Practice management Q & A: Splitting up a single insurance payment. Aug. 14, p. 177
I *tell* my patients when I save them money. Sept. 11, p. 73
Practice management Q & A: How to figure surgical assistants' fees. Sept. 25, p. 187
What to charge the minister's family. Sept. 25, p. 185
One way to set fees for 'discount' patients. Oct. 9, p. 122
Psychiatrists needed—not 'outrageous' fees. Oct. 9, p. 121
Family G.P. lashes out at big-city specialists. Oct. 23, p. 112
How much check-up for how much fee? Oct. 23, p. 114

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Practice management Q & A: How to reduce fees when results are bad. Oct. 23, p. 155
Practice management Q & A: Itemizing your charges as well as services. Nov. 20, p. 187
Lowering fees for long-term patients. Nov. 20, p. 185
'I won't change my fees for anyone!' Dec. 4, p. 123
Was this doctor's fee excessive? Dec. 4, p. 131
How to manage health check-ups more efficiently. Dec. 18, p. 71
Practice management Q & A: To charge or not to charge your close friends. Dec. 18, p. 155

General practice

I *tell* my patients when I save them money. Sept. 11, p. 73
Art of minimizing night calls. Sept. 25, p. 88
Family G.P. lashes out at big-city specialists. Oct. 23, p. 112
Small-town practice? I love it! Oct. 23, p. 123
Do they balk at diagnostic tests? Dec. 4, p. 88
A part-time OB partner lets me sleep at night. Dec. 4, p. 210

Government

They're turning in unethical doctors. July 17, p. 105
What Government medicine is really like. July 17, p. 51
They say you can't go it alone! July 31, p. 127
'The state should *do* something about medical costs.' Aug. 14, p. 93
Stay out of politics? Aug. 14, p. 15
Hot day at the hearings. Sept. 11, p. 209
Psychiatrists needed—not 'outrageous' fees. Oct. 9, p. 121
Will there be a 'West Point of Medicine'? Oct. 23, p. 106
Is private practice doomed? Nov. 20, p. 132
You can save free medicine in America. Dec. 18, p. 96

Group practice

Corporate medicine: new route to a tax-sheltered pension. Aug. 28, p. 67
Partnership on the rocks. Oct. 9, p. 123
Five boy wonders launch a $250,000 clinic. Nov. 6, p. 108
Is private practice doomed? Nov. 20, p. 132
Practice management Q & A: When you join a group as a paid assistant. Nov. 20, p. 185
M.D.s will control these union health centers. Dec. 4, p. 106
One way to collect your small unpaid accounts. Dec. 4, p. 171

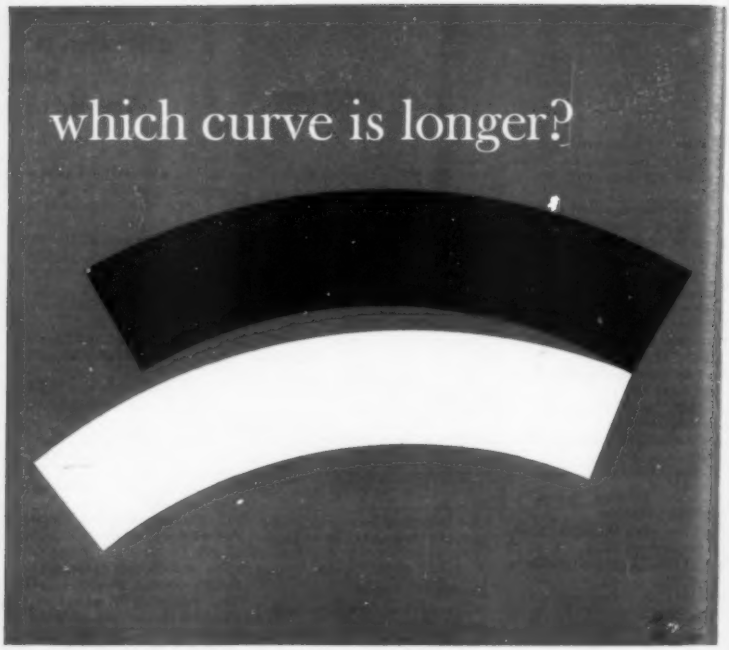
Health insurance

What doctors criticize most about Blue Shield. July 3, p. 53
They're turning in unethical doctors. July 17, p. 105
What Government medicine is really like. July 17, p. 51
They say you can't go it alone! July 31, p. 127
'The state should *do* something about medical costs.' Aug. 14, p. 93
What's gone wrong with the Blue plans? Aug. 14, p. 201
Ignorance is bliss—or is it? Aug. 28, p. 41
Stop filling out insurance forms! Aug. 28, p. 119
Abuse of insurance. Sept. 11, p. 23
Hot day at the hearings. Sept. 11, p. 209
A solution for health insurance mix-ups. Sept. 11, p. 88
Suckle that Blue Shield baby! Sept. 11, p. 44
Chiselers and service contracts. Sept. 25, p. 40
How to win over a unionist. Sept. 25, p. 19
The firm, friendly way. Oct. 9, p. 25
Let's stop competing against ourselves! October 9, p. 41
Test tube for Kennedy's health plan. Oct. 9, p. 211
What does 'freedom of choice' really mean? Oct. 9, p. 255
'Freedom of choice' is not a cliché. Oct. 23, p. 45
Should that Gallup Poll worry you? Oct. 23, p. 179
These M.D.s fight *for* Kennedy's health plan. Oct. 23, p. 197
Your aide can help you fight socialized medicine. Oct. 23, p. 98
Practice management Q & A: What to do with insurance overpayments. Nov. 6, p. 172
Is private practice doomed? Nov. 20, p. 132
Will Javits bring on Social Security medicine? Nov. 20, p. 195
M.D.s will control these union health centers. Dec. 4, p. 106
What you should know about discount drugs. Dec. 4, p. 98
Best Rx I've heard for insurance abuse. Dec. 18, p. 43
'Let surgical residents handle insured patients.' Dec. 18, p. 76
You can save free medicine in America. Dec. 18, p. 96

Homes

Look where this doctor lives: a house by Frank Lloyd Wright. Aug. 28, p. 88
Look where these doctors live: a house with an indoor pool. Sept. 11, p. 94
How to cut your home heating bills. Sept. 25, p. 110
Is an architect worth the money? Sept. 25, p. 103
Look where this doctor lives: a house without windows. Oct. 9, p. 88
Look where this doctor lives: a house with a 1,000-sq.-ft. living room. Oct. 23, p. 102
Have you got the right homeowner's policy? Nov. 6, p. 77
How a real estate appraisal

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can save you money. Nov. 20, p. 106

Hospitals

Are you gambling on patients' consent? July 3, p. 68
Don't forget the political pull of hospital trustees. July 3, p. 114
He's organizing patients to fight 'medical abuses.' July 3, p. 154
How to cut down use of emergency rooms. July 3, p. 114
One way to stop border incidents between specialties. July 3, p. 63
Price vs. value. July 3, p. 11
Do your consent forms really protect you? July 17, p. 78
They say you can't go it alone! July 31, p. 127
This may tighten control of drugs in hospitals. July 31, p. 61
How to get patients to sign consent forms. Aug. 14, p. 75
Parking chaos at your hospital? Try meters. Aug. 14, p. 194
Training, yes! Money, no! Aug. 28, p. 42
Medical teamwork—or malpractice? Sept. 11, p. 157
We broke the medical monopoly in our town. Sept. 11, p. 119
Don't tie your malpractice defense to your hospital's. Oct. 23, p. 159
He's simplified follow-ups on hospital discharges. Nov. 20, p. 165
'I keep my patients *out* of the hospital!' Nov. 20, p. 173
Let's invite laymen to horn in on us! Nov. 20, p. 43
Will vanishing house staffs affect you? Nov. 20, p. 168
Are hospitals stealing your aides? Dec. 4, p. 218
M.D.s will control these union health centers. Dec. 4, p. 106
'Let surgical residents handle insured patients.' Dec. 18, p. 76
Practice management Q & A: When a minor can sign a consent form. Dec. 18, p. 155

Income and expenses

Practice management Q & A: When your income should level off. July 3, p. 123
How your patients fared during the recession. July 31, p. 77
Three weeks' vacation—with no loss of income. Aug. 14, p. 157
'It's time we broke the house-call habit!' Aug. 28, p. 78
What's your practice worth today? Sept. 11, p. 82
Boost your income by working for industry? Oct. 9, p. 110
Act *now* to cut your income taxes. Nov. 20, p. 95
How I save $2,500 a year on overhead. Nov. 20, p. 221
What *not* to do with a windfall. Nov. 20, p. 128

Insurance

Insure your accounts receivable. July 3, p. 76
Here's how to save on life insurance. July 17, p. 194
Is package auto insurance for you? July 31, p. 63
Practice management Q & A: Splitting up a single insurance payment. Aug. 14, p. 177
Don't get burned by your office fire insurance. Aug. 28, p. 176
Practice management Q & A: Determining your basic insurance needs. Aug. 28, p. 186
What to do when your youngster asks for a car. Sept. 25, p. 149
Do you skimp on auto liability insurance? Oct. 23, p. 80
Don't tie your malpractice defense to your hospital's. Oct. 23, p. 159
'No exam' life insurance for heart patients. Oct. 23, p. 240
Have you got the right homeowner's policy? Nov. 6, p. 77
Insurance from machines can be a good buy. Nov. 20, p. 125
Will your disability insurance let you down? Nov. 20, p. 115

Investments

Are convertible bonds a good buy right now? July 3, p. 108
How to pinpoint a stock's real value. July 3, p. 99
Is charting your stocks worth while? July 17, p. 69
Are you making full use of your stockbroker's services? July 31, p. 53
The boom in books. Aug. 14, p. 96
'Cash flow' helps you cash in—sometimes. Aug. 28, p. 117
A do-it-yourself way to forecast a boom. Sept. 11, p. 97
A trust fund can save you tax dollars. Sept. 11, p. 139
Buy California savings and loan *stocks?* Sept. 25, p. 112
Can mutual funds hit your investment target? Oct. 9, p. 73
How to put a trust to work for you. Oct. 9, p. 161
Put your money in missiles? Oct. 23, p. 87
Before investing, check insiders' decisions. Nov. 6, p. 162
Buying property? Watch out for these legal traps. Nov. 6, p. 147
Check a firm's research before buying its stock. Nov. 20, p. 88
New way to invest in real estate. Nov. 20, p. 81
Are rail stocks on the move again? Dec. 4, p. 235
What to do with $1,000,000,000,000. Dec. 4, p. 248
You can profit from stock market timing. Dec. 4, p. 29
Green light *now* for auto stocks? Dec. 18, p. 157
Tip-off on timing your stock purchases. Dec. 18, p. 39
What it takes to be a successful stock trader. Dec. 18, p. 171

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Labor unions
Hot day at the hearings. Sept. 11, p. 209
How to win over a unionist. Sept. 25, p. 19
Labor's loud voice. Oct. 23, p. 21
Is private practice doomed? Nov. 20, p. 132
You *can* dissent in medical politics. Nov. 20, p. 27
How you can fight COPE. Dec. 4, p. 19
M.D.s will control these union health centers. Dec. 4, p. 106
What you should know about discount drugs. Dec. 4, p. 98

Law
Are you gambling on patients' consent? July 3, p. 68
Psychiatrists for sale? Too often, says one. July 3, p. 184
Do your consent forms really protect you? July 17, p. 78
Don't tell his boss what your patient owes you. Aug. 14, p. 172
How to get patients to sign consent forms. Aug. 14, p. 75
Practice management Q & A: Suing the patient who won't pay. Aug. 14, p. 178
Can criminal abortion be controlled? Aug. 28, p. 136
These M.D.s are easing the malpractice threat. Sept. 25, p. 73
What to expect under cross-examination. Sept. 25, p. 192
Don't tie your malpractice defense to your hospital's. Oct. 23, p. 159
When to take your patient to court. Oct. 23, p. 244
Buying property? Watch out for these legal traps. Nov. 6, p. 147
Why malpractice juries vote the way they do. Nov. 6, p. 211
Jury gives 'a penny for each painful breath.' Nov. 20, p. 94
Tips from a trial judge: how to avoid hurting yourself as a witness. Nov. 20, p. 90
Doctors needn't rush to sickbed, says court. Dec. 4, p. 97

Legislation
Corporate medicine: new route to a tax-sheltered pension. Aug. 28, p. 67
Hot day at the hearings. Sept. 11, p. 209
Is private practice doomed? Nov. 20, p. 132
You can save free medicine in America. Dec. 18, p. 96

Leisure
Here's the ultimate in stay-at-home golf. July 3, p. 148
Three weeks' vacation—with no loss of income. Aug. 14, p. 157
Our best investment: two months' travel a year. Nov. 6, p. 84
Practice management Q & A: How to plan for a three-month vacation. Nov. 6, p. 171
What's your bridge IQ? This quiz will tell you. Nov. 6, p. 242
Airlines' price war makes flying cheaper. Dec. 4, p. 227

Location and distribution
Practice management Q & A: How to adjust fees in a new location. July 3, p. 128
Is downtown practice dying? Oct. 9, p. 92
These specialties can support more M.D.s. Oct. 9, p. 81
Check patient-locations before an office move. Oct. 23, p. 86
Small-town practice? I love it! Oct. 23, p. 123

Malpractice
Are you gambling on patients' consent? July 3, p. 68
Do your consent forms really protect you? July 17, p. 78
The *best* malpractice defense. Aug. 14, p. 46
How to get patients to sign consent forms. Aug. 14, p. 75
How malpractice suits get started. Aug. 28, p. 85
Medical teamwork—or malpractice? Sept. 11, p. 157
These M.D.s are easing the malpractice threat. Sept. 25, p. 73
Practice management Q & A: Legal armor against the no-show patient. Oct. 9, p. 152
Consulting with a vet can get you sued. Oct. 23, p. 169
Don't tie your malpractice defense to your hospital's. Oct. 23, p. 159
Why malpractice juries vote the way they do. Nov. 6, p. 211
Jury gives 'a penny for each painful breath.' Nov. 20, p. 94

Medical care costs
Price vs. value. July 3, p. 11
They say you can't go it alone! July 31, p. 127
'The state should *do* something about medical costs.' Aug. 14, p. 93
I *tell* my patients when I save them money. Sept. 11, p. 73
Is private practice doomed? Nov. 20, p. 132
Let's invite laymen to horn in on us! Nov. 20, p. 43
The truth about those 'soaring medical costs.' Dec. 4, p. 140 .

Medical societies
Must you pay for a new association H.Q.? July 3, p. 187
They're turning in unethical doctors. July 17, p. 105
M.D.s get others to cut fees for aged too. July 31, p. 116
'We don't need mandatory A.M.A. membership.' July 31, p. 148
What good doctors can do about bad ones: 'He's a menace to the public and the profession.' Aug. 14, p. 102
What good doctors can do about bad ones: 'Self-discipline starts at the top.' Aug. 14, p. 125

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1. Ford, R. V.: Current Therap. Res. 3:320, July, 1961.

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FOR PRODUCT INFORMATION TURN TO PAGE 68

What good doctors can do about bad ones: 'There are 15,000 to 20,000 doctors like him.' Aug. 14, p. 109
M.D.s win a victory for free-choice medicine. Aug. 28, p. 112
These M.D.s are easing the malpractice threat. Sept. 25, p. 73
These doctors find it pays to advertise. Oct. 23, p. 113
Dos and don'ts when using a mike. Dec. 4, p. 108
Don't put them out to pasture—hire them! Dec. 18, p. 47

Offices

Practice management Q & A: How to plan for adequate office space. July 17, p. 150
The case of the 9,000 cotton balls. July 31, p. 79
Practice management Q & A: How to plan your office parking lot. July 31, p. 123
Don't get burned by your office fire insurance. Aug. 28, p. 176
You can beat zoning restrictions. Aug. 28, p. 166
What's your practice worth today? Sept. 11, p. 82
Build your own office? Oct. 23, p. 81
How I save $2,500 a year on overhead. Nov. 20, p. 221

Partnerships

Partnership on the rocks. Oct. 9, p. 123
A part-time OB partner lets me sleep at night. Dec. 4, p. 210
Practice management Q & A: How much your unpaid accounts are worth. Dec. 4, p. 163

Patient-relations

Aid for your aide: how to conquer the telephone. July 3, p. 82
Are you gambling on patients' consent? July 3, p. 68
Beware of the patient who *doesn't* complain! July 3, p. 175
For better histories, let patients cue you. July 3, p. 173
Should you be more like a businessman? July 3, p. 137
Do your consent forms really protect you? July 17, p. 78
His reminder notices do *more* than remind. July 17, p. 159
They say you can't go it alone! July 31, p. 127
They're better doctors—because they were patients. July 31, p. 72
How to get patients to sign consent forms. Aug. 14, p. 75
The magic touch. Aug. 14, p. 41
'It's time we broke the house-call habit!' Aug. 28, p. 78
Stop filling out insurance forms! Aug. 28, p. 119
Clinical pussyfooting. Sept. 11, p. 39
Diagnostic guesstimates—better than none? Sept. 11, p. 80
How do you judge a doctor? Sept. 11, p. 40
Tell them it's cancer? Yes, says this M.D. Sept. 11, p. 78
When patients want personal advice. Sept. 11, p. 79
The art of minimizing night calls. Sept. 25, p. 88
Don't accept favors from patients! Sept. 25, p. 141
Go easy with nonmedical advice. Sept. 25, p. 132
Every doctor a 'family' doctor. Oct. 9, p. 44
How good a listener are you? Oct. 9, p. 197
If you have to duck out on a patient. Oct. 9, p. 185
Moments of truth in medicine. Oct. 9, p. 243
How to improve your patient-interviews. Nov. 6, p. 181
Mr. Bell's booby trap. Nov. 6, p. 102
Would you breach this patient's confidence? Nov. 6, p. 136
Medicine's seven deadly sins. Dec. 4, p. 191
Practice management Q & A: How to get rid of the irksome patient. Dec. 4, p. 163
They want physicians to play along with quacks. Dec. 4, p. 104
This issue of house calls. Dec. 4, p. 183
When to tell dying patients the truth. Dec. 4, p. 81
Your patients are busy too, says one of them. Dec. 4, p. 87
Best Rx I've heard for insurance abuse. Dec. 18, p. 43
How to handle them when they're anxious . . . angry . . . or amorous. Dec. 18, p. 80
Practice management Q & A: To charge or not to charge your close friends. Dec. 18, p. 155
When your aide makes you sound too busy. Dec. 18, p. 153

Pensions

Caplin wants tax relief for M.D. pension funds. July 3, p. 130
Corporate medicine: new route to a tax-sheltered pension. Aug. 28, p. 67

Personal life

When—and when not—to borrow money. July 17, p. 125
How to get the most out of a product guarantee. Sept. 11, p. 237
How to make your family checkbook foolproof. Sept. 11, p. 90
The wrong kind of success. Oct. 9, p. 233
How do you doodle? Oct. 23, p. 93
Tidier rooms and calmer hearts. Oct. 23, p. 43
Airlines' price war makes flying cheaper. Dec. 4, p. 227
Should you pack a pistol? Dec. 4, p. 152

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Want to find personal papers *fast?* Dec. 4, p. 112

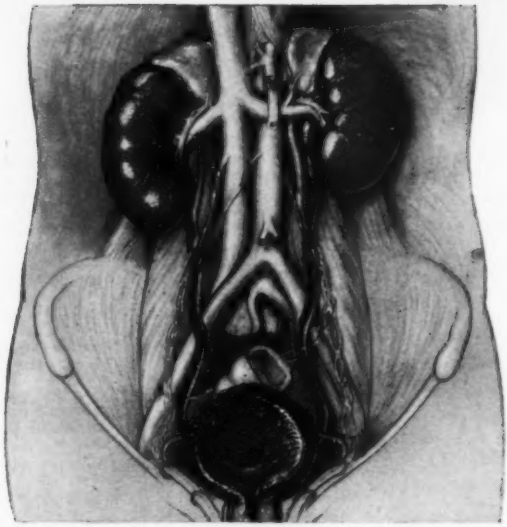
Politics

Don't forget the political pull of hospital trustees. July 3, p. 114
Stay out of politics? Aug. 14, p. 15
The M.D.s vs. the Senator. Aug. 28, p. 17
Hot day at the hearings. Sept. 11, p. 209
How to get through to Capitol Hill. Sept. 11, p. 197
How to convince a Congressman. Oct. 23, p. 202
Will Javits bring on Social Security medicine? Nov. 20, p. 195
You can save free medicine in America. Dec. 18, p. 96

Practice management

Beware of the patient who *doesn't* complain! July 3, p. 175
For better histories, let patients cue you. July 3, p. 173
Practice management Q & A: How to take over another doctor's records. July 3, p. 123
Keeping tabs on patients' new addresses. July 3, p. 124
When your income should level off. July 3, p. 123
Do your consent forms really protect you? July 17, p. 78
His reminder notices do *more* than remind. July 17, p. 159
Practice management Q & A: How to plan for adequate office space. July 17, p. 150
Keeping your prescription records. July 17, p. 149
What to bill after-hours office patients. July 17, p. 149
How to plan your office parking lot. July 31, p. 123
Withholding tax on part-time aides. July 31, p. 123
They're better doctors—because they were patients. July 31, p. 72
Home phone a plague? Then coach your family. Aug. 14, p. 154
How to get patients to sign consent forms. Aug. 14, p. 75
Practice management Q & A: How to cut calls from worried relatives. Aug. 14, p. 177
When your wife wants to work for you. Aug. 14, p. 178
Three weeks' vacation—with no loss of income. Aug. 14, p. 157
Aid for your aide: how to run a doctor's office on time. Aug. 28, p. 149
'It's time we broke the house-call habit!' Aug. 28, p. 78
Practice management Q & A: Annual statements for the cash patient. Aug. 28, p. 185
How to protect the drug-allergic patient. Aug. 28, p. 183
Pay arrangements for the part-time aide. Aug. 28, p. 183
How to get your bills out three times faster. Sept. 11, p. 109
I *tell* my patients when I save them money. Sept. 11, p. 73
Practice management Q & A: Giving discounts for cash payments. Sept. 11, p. 177
How to deal with a gossiping ex-employe. Sept. 11, p. 180
How to set up your own collection agency. Sept. 11, p. 177
A space-saving way to store old X-rays. Sept. 11, p. 177
What's your practice worth today? Sept. 11, p. 82
When patients want personal advice. Sept. 11, p. 79
The art of minimizing night calls. Sept. 25, p. 88
Go easy with nonmedical advice. Sept. 25, p. 132
How to hire the perfect girl. Sept. 25, p. 97
Practice management Q & A: How to cut down your trips to the bank. Sept. 25, p. 185
A way to control telephone interruptions. Sept. 25, p. 187
A start-a-practice reference shelf. Sept. 25, p. 93
Aid for your aide: the most efficient way to keep medical records. Oct. 9, p. 100
Every doctor a 'family' doctor. Oct. 9, p. 44
How good a listener are you? Oct. 9, p. 197
If you have to duck out on a patient. Oct. 9, p. 185
Practice management Q & A: How to give out autopsy information. Oct. 9, p. 149
How to handle squabbling employes. Oct. 9, p. 152
Legal armor against the no-show patient. Oct. 9, p. 152
Don't lose touch with delegated work! Oct. 23, p. 213
How much check-up for how much fee? Oct. 23, p. 114
How to handle those appointment breakers. Oct. 23, p. 144
Practice management Q & A: Encouraging patients to get check-ups. Oct. 23, p. 156
Softening the blow of high-cost care. Oct. 23, p. 155
What your patient-turnover should be. Oct. 23, p. 155
Small-town practice? I love it! Oct. 23, p. 123
How to improve your patient-interviews. Nov. 6, p. 181
Practice management Q & A: Getting tardy patients to be on time. Nov. 6, p. 171
How to plan for a three-month vacation. Nov. 6, p. 171
How to slow down without losing patients. Nov. 6, p. 172
Would it pay to use isotopes in your office? Nov. 6, p. 235
He's simplified follow-ups on hospital discharges. Nov. 20, p. 165
How I save $2,500 a year on overhead. Nov. 20, p. 221
'I keep my patients *out* of the hospital!' Nov. 20, p. 173
Do they balk at diagnostic tests? Dec. 4, p. 88

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They want physicians to play along with quacks. Dec. 4, p. 104
This issue of house calls. Dec. 4, p. 183
When to tell dying patients the truth. Dec. 4, p. 81
Your patients are busy too, says one of them. Dec. 4, p. 87
How to handle them when they're anxious . . . angry . . . or amorous. Dec. 18, p. 80
How to manage health check-ups more efficiently. Dec. 18, p. 71
How to prescribe yourself into trouble. Dec. 18, p. 188
Practice management Q & A: When a minor can sign a consent form. Dec. 18, p. 155

Professional relations
One way to stop border incidents between specialties. July 3, p. 63
Publicize M.D.-chiselers? Yes, says this editor. July 3, p. 66
How you influence your colleagues' prescribing. July 17, p. 64
Three weeks' vacation—with no loss of income. Aug. 14, p. 157
We broke the medical monopoly in our town. Sept. 11, p. 119
He's simplified follow-ups on hospital discharges. Nov. 20, p. 165
The case against female M.D.s. Dec. 4, p. 41
Medicine's seven deadly sins. Dec. 4, p. 191
Consultants I can't stand. Dec. 18, p. 141
Why Texas doctors can afford independence. Dec. 18, p. 136

Public health
M.D.s win a victory for free-choice medicine. Aug. 28, p. 112
These welfare patients get family-doctor care. Nov. 6, p. 202
They're beating back the cancer quacks. Nov. 6, p. 263

Public relations
Clothiers lose weight over your diet advice. July 3, p. 190
Publicize M.D.-chiselers? Yes, says this editor. July 3, p. 66
How to get through to Capitol Hill. Sept. 11, p. 197
These M.D.s are taking to TV to win friends. Sept. 11, p. 104
These M.D.s are easing the malpractice threat. Sept. 25, p. 73
The firm, friendly way. Oct. 9, p. 25
These doctors find it pays to advertise. Oct. 23, p. 113
Is private practice doomed? Nov. 20, p. 132
Let's invite laymen to horn in on us! Nov. 20, p. 43
Dos and don'ts when using a mike. Dec. 4, p. 108
How you can fight COPE. Dec. 4, p. 19
Medicine's seven deadly sins. Dec. 4, p. 191
He's taking off on a four-day 'house call.' Dec. 18, p. 90

Real estate
Buying property? Watch out for these legal traps. Nov. 6, p. 147
How a real estate appraisal can save you money. Nov. 20, p. 106
New way to invest in real estate. Nov. 20, p. 81

Records
For better histories, let patients cue you. July 3, p. 173
Practice management Q & A: How to take over another doctor's records. July 3, p. 123
Keeping your prescription records. July 17, p. 149
What's your practice worth today? Sept. 11, p. 82
Aid for your aide: the most efficient way to keep medical records. Oct. 9, p. 100
Why it pays to split your office records. Nov. 6, p. 118
Aid for your aide: best way to file medical records. Nov. 20, p. 100

Research
Science steals into the bedroom—alas! Sept. 25, p. 39

Retirement
Caplin wants tax relief for M.D. pension fund. July 3, p. 130
Corporate medicine: new route to a tax-sheltered pension. Aug. 28, p. 67
Don't put them out to pasture—hire them! Dec. 18, p. 47
What Social Security might mean to you. Dec. 18, p. 92

Social Security
What Social Security IS. July 31, p. 15
Hot day at the hearings. Sept. 11, p. 209
How to win over a unionist. Sept. 25, p. 19
The firm, friendly way. Oct. 9, p. 25
Test tube for Kennedy's health plan. Oct. 9, p. 211
Should that Gallup Poll worry you? Oct. 23, p. 179
These M.D.s fight *for* Kennedy's health plan. Oct. 23, p. 197
Will Javits bring on Social Security medicine? Nov. 20, p. 195
What Social Security might mean to you. Dec. 18, p. 92

Specialism
One way to stop border incidents between specialties. July 3, p. 63
Psychiatrists for sale? Too often, says one. July 3, p. 184
What doctors criticize most about Blue Shield. July 3, p. 53



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SPECIALISTS IN PREFABRICATED CUSTOM-DESIGNED MEDICAL BUILDINGS

Abolish board exams? No, say training directors. Sept. 25, p. 192
Four-year residencies for surgical specialties? Sept. 25, p. 198
Psychiatrists needed—not 'outrageous' fees. Oct. 9, p. 121
These specialties can support more M.D.s. Oct. 9, p. 81
Family G.P. lashes out at big-city specialists. Oct. 23, p. 112
Board stiff? New rules take out some starch. Nov. 20, p. 157
Are some specialists getting too special? Dec. 4, p. 120

Taxes

Caplin wants tax relief for M.D. pension funds. July 3, p. 130
Tax loopholes plugged in multiple trusts. July 17, p. 154
Bigger tax break for a patient you send south. July 31, p. 76
Hire a relative? It makes economic sense. July 31, p. 80
How to save taxes when you buy a practice. July 31, p. 88
New tax break if you sell your practice. July 31, p. 87
Practice management Q & A: Withholding tax on part-time aides. July 31, p. 123
Corporate medicine: new route to a tax-sheltered pension. Aug. 28, p. 67
A trust fund can save you tax dollars. Sept. 11, p. 139
If son wins scholarship, he's still an exemption. Sept. 25, p. 102
Heard about these tax proposals? Nov. 6, p. 224
Slow depreciation may save you money. Nov. 6, p. 228
Act *now* to cut your income taxes. Nov. 20, p. 95
New way to invest in real estate. Nov. 20, p. 81
What Social Security might mean to you. Dec. 18, p. 92

Trusts

Tax loopholes plugged in multiple trusts. July 17, p. 154
A trust fund can save you tax dollars. Sept. 11, p. 139
How a trust can help your heirs. Sept. 25, p. 167
How to put a trust to work for you. Oct. 9, p. 161

Wills

Is your safe deposit box really safe? Sept. 11, p. 184

Writing and speaking

Dos and don'ts when using a mike. Dec. 4, p. 108

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Index of advertisers

Medical Economics, December 18, 1961

Page numbers in parentheses refers to product listings in Physicians' Desk Reference, published annually by Medical Economics, Inc. "Supp." stands for the Supplement to PDR, issued quarterly.

Abbott Laboratories
Calcidrine (PDR 503) 107
Erythrocin Stearate (PDR 506) 52, 53
Placidyl (PDR 511) } Insert between
Selsun (PDR 512) } 200, 201

American Cancer Society 22, 180

American Heart Association, Inc. 228

American Investors Fund, Inc.
Mutual Funds 180

Ames Company, Inc.
Clinitest (PDR 516) 168

Armour & Co.
Dial Soap 14, 15

Armour Pharmaceutical Company
Chymoral (PDR 521) 135
Listica 54

Astra Pharmaceutical Products, Inc.
Xylocaine Jelly (PDR 525) 18

Bauer & Black
Tensor Elastic Bandage 206

Becton, Dickinson & Company
Ace Rubber Elastic Bandage 187

Birtcher Corp., The
Hyfrecator 182

Breon Laboratories, Inc.
Lanesta Gel (PDR 545) 62

Burroughs Wellcome & Co., Inc.
'Actifed-C' Expectorant 42

Cereal Institute, Inc.
Diet Manuals 147

Chicago Pharmacal Company
Urised (PDR 557) 106

Ciba Pharmaceutical Products, Inc.
Doriden (PDR 561) 60, 61
Serpasil (PDR 570) 16, 17
Serpasil-Esidrix (PDR 571) 225

Daywell Laboratories Corporation
Vergo 129

Desitin Chemical Company
Desitin Acne Cream 47

Dorsey Laboratories
Kanumodic 218
Triaminic (PDR 733) 19, 38
Trisulfaminic (PDR 733) 109
Tussagesic (PDR 733) 128
Tussaminic Expectorant 159

Eaton Laboratories
Furacin-HC Cream (PDR 583) 156
Tricofuron (PDR 584) 226

Erdman & Associates, Inc., Marshall
Doctors Park 222

Fleet Co., Inc., C. B.
Phospho-Soda (PDR 588) 121

Geigy Pharmaceuticals, Inc.
Butazolidin (PDR 590) 123

Kinney & Company, Inc.
Emetrol (PDR 605) 208

Lederle Laboratories
Achromycin (PDR 609) 169, 200
Declomycin (PDR 612) 139
Ferro-Sequels (PDR Supp) 230
Stresscaps (PDR 618) 65
Trepidone (PDR Supp) 133
Varidase Buccal Tablets (PDR 619) 165

Leeming & Co., Inc., Thos.
Ben-Gay 24

Lilly & Company, Eli
Cordran (PDR Supp) } Insert
Cordran-N (PDR Supp) } between
Haidrone (PDR Supp) } 136, 137
V-Cillin K (PDR 634) 4, 70, 154, 212

Mead Johnson & Company
Metrecal 103

Medical Economics 161, 196, 223

Merck Sharp & Dohme
Hydeltra-T.B.A. (PDR 655) 179
Tetrazets Troches (PDR 659) 117

Merrell Co., The Wm. S.
Tace (PDR 663) ..... IFC

Miles Laboratories, Inc.
One-a-Day Multiple Vitamins 41

National Association for Mental Health . 47

Ortho Pharmaceutical Corp.
Ortho-Creme Vaginal Cream } (PDR 673)
Ortho-Gynol Vaginal Jelly } 51

Parke, Davis & Company
Benylin Expectorant (PDR 675) 173
Chloromycetin (PDR 676) 203, 202

Pfizer Laboratories
Daricon (PDR 684) 114, 115
Renese (PDR Supp.) 3, 68, 69, 216
Terramycin Syrup/Pediatric Drops
Insert between 56, 57
Tetracyn (PDR 687) 12, 13
Tyzine (PDR 687) 160, 161
Urobiotic (PDR 688) 30, 31
Vistaril (PDR 688) 184, 185

...Index of advertisers

Pharmaceutical Manufacturers Association 64

Procter & Gamble Company, The
Crisco 110, 111
Ivory Soap ..... BC

Research Supplies Pharmaceuticals
Glukor 120

Robins & Company, Inc., A. H.
Dimetapp Extentabs (PDR Supp.) 140
Robanul (PDR Supp.) 58, 59

Roche Laboratories
Gantanol 176, 177
Gantrisin (PDR 707) 10
Librax (PDR Supp.) 195
Librium Injectable (PDR 708) 181
Madribon (PDR 709) 118, 119
Noludar 300 143
Roniacol Timespan Tablets (PDR Supp.) 28, 29
Tigacol (PDR Supp.) 229

Roerig & Company, J. B.
Bonadoxin (PDR 714) 152
Tao (PDR 715) 130, 131

Rorer, Inc., William H.
Maalox (PDR 716) 105
Parepectolin (PDR 716) 190

Sanborn Company
Portable ECG 46

Sandoz Pharmaceuticals
Bellergal Spacetabs (PDR 719) 175
Cafergot (PDR 719) 183
Mellaril (PDR 720) 20, 21
Torecan 126, 127

Schering Corporation
Meti-Derm Aerosol (PDR 724) 197

Searle & Co., G. D.
Enovid (PDR 759) 66, 67

Sherman Laboratories
Protamide (PDR 731) 27

Shield Laboratories
Riasol (PDR 731) 129

Spencer Industries
Glow-Lite Signs 129

Strasenburgh Laboratories
Tussionex (PDR 765) 8

Upjohn Co., The
Alphadrol 32, 104, 134, 144, 145, 178
Depo-Provera 44, 45
Medrol Medules (PDR 786) 210
Orinase (PDR 789) 26
Veriderm Medrol (PDR 793) } ...IBC
Veriderm Neo-Medrol (PDR 793) }

Wallace Laboratories
Capla 48, 49
Deprol (PDR 797) 6, 170
Meprospan-400 (PDR 797) 23
Milprem (PDR 797) 149
Miltown (PDR 797) 112, 113
Miltrate (PDR 797) 204
Soma (PDR 797) 162, 163
Soma Compound (PDR 798) 214

Warner-Chilcott Laboratories
Agoral (PDR 799) 167
Anusol (PDR 799) }
Anusol-HC (PDR 799) } 193
Peritrate (PDR 801) 150, 151

Whitehall Laboratories
BiSoDol Mints 63

Winthrop Laboratories
Trancoprin (PDR 811) 124, 125

Wyeth Laboratories
Equanil (PDR 814)/Equanil L-A 33
Equanil (PDR 814) ..Insert between 32, 33
Equanil L-A .....Insert between 32, 33
Prozine (PDR 818) 34, 35
Sparine (PDR 819) 36, 37
Spartase Tablets 198, 199
Sulfose Suspension & Tablets (PDR 819) 220

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1. Goodman, L. S., and Gilman, A.: The Pharmacologic Basis of Therapeutics, Second Edition, The Macmillan Company, New York, 1955, pp. 1454-5.

LEDERLE LABORATORIES, A Division of AMERICAN CYANAMID COMPANY, Pearl River, New York

Financial briefs

Medical Economics, Dec. 18, 1961

GROWTH STOCKS WITH HIGH YIELDS that are now attractively priced: Best & Co. (yielding 4.9%), Halliburton Co. (4.3%), Rockwell-Standard (5.7%), Sinclair Oil (5.7%), Socony Mobil (3.7%). All sell at 10 to 15 times 1961 earnings; the average for industrials is 22.

LOOKING FOR A NEW HOME? Now's a good time to get a mortgage, says J. S. Baughman, president of the Federal National Mortgage Assn. Mortgage money is plentiful, and interest rates have leveled off at 5.75 to 6%.

BEWARE OF MAIL-ORDER INSURANCE. However low-priced, it's seldom a bargain, warns Donald Knowlton, New Hampshire's Insurance Commissioner. If a firm not licensed in your state resists settling your claim, your state insurance department can't help you.

STILL SHOPPING FOR CHRISTMAS GIFTS? Consider giving some of your securities to your children. You will lower your income tax bill because you won't be getting the dividends.

A GOOD WAY TO BUILD RETIREMENT INCOME: Step up the cash value of your life insurance policies a few years before you retire. You can do this

by switching to higher-premium policies, such as endowments. Your higher payments will swell the policies' cash value; so you can convert them to bigger annuities when you retire.

TAX BREAK ON YOUR MUTUAL FUND GAINS: That's what you get if you buy shares in United International Fund, based in Bermuda and sold here. The island's Government won't tax the fund on its gains from European investments. And since you get no cash dividends, you'll be taxed only on capital gains made when you sell.

BEFORE HIRING AN ARCHITECT to custom-design a home for you, check "stock" plans sold by mail. Drawn by registered architects, they're often as good as custom plans—and much cheaper. Four copies usually cost between $35 and $50, while custom architects charge 7 to 15% of the building costs. Check with your lumber dealer for books of stock plans.

WATCH THOSE "NONTAXABLE DIVIDENDS"! You don't pay income tax on that part of distributions that the company tells you represents return of capital. But when you sell the shares, you must, for tax purposes, deduct such income from their original cost. The result is a bigger capital gain, and hence a bigger tax.

Take an "inside look" at a remarkable advance in topical steroid therapy

Veriderm Medrol consists of Veriderm, a base closely approximating the composition of normal skin lipids, and Medrol, highly effective corticoid.

Topical use of Veriderm Medrol Acetate produces symptomatic relief and objective improvement of dermatoses, and at the same time aids in correcting dry skin conditions. Veriderm Medrol Acetate, less greasy than an ointment, less drying than a lotion, is indicated in atopic, contact, or seborrheic dermatitis; neurodermatitis; anogenital pruritus; allergic dermatoses.

Available in four formulations: Veriderm Medrol Acetate 0.25% — Each gram contains: Medrol (methylprednisolone) Acetate 2.5 mg.; Methylparaben 4 mg.; Butyl-p-hydroxybenzoate 3 mg.; in a skin lipid base composed of saturated and unsaturated free fatty acids; triglycerol and other esters of fatty acids; saturated and unsaturated hydrocarbons; free cholesterol; high molecular-weight alcohol; with water and aromatics. (Veriderm Medrol Acetate 1% is also available.)
For prophylaxis against secondary infection: Veriderm Neo-Medrol Acetate 0.25% — Each gram contains: Medrol (methylprednisolone) Acetate 2.5 mg.; Neomycin Sulfate 5 mg. (equivalent to 3.5 mg. neomycin base); Methylparaben 4 mg.; Butyl-p-hydroxybenzoate 3 mg.; in a skin lipid base composed of saturated and unsaturated free fatty acids; triglycerol and other esters of fatty acids; saturated and unsaturated hydrocarbons; free cholesterol; high-molecular-weight alcohol; with water and aromatics. (Veriderm Neo-Medrol Acetate 1% is also available.)
Administration: After careful cleansing of the affected skin to minimize the possibility of introducing infection, a small amount of either Veriderm Medrol Acetate or Neo-Medrol Acetate is applied and rubbed gently into the involved areas. Application should be made initially one to three times daily. Once control is achieved — usually within a few hours — the frequency of application should be reduced to the minimum necessary to avoid relapses. The 1% preparation is recommended for beginning treatment and the 0.25% preparation for maintenance therapy.
Contraindications: Local application of Veriderm Medrol Acetate or Neo-Medrol Acetate is contraindicated in tuberculosis of the skin and in other cutaneous infections for which an effective antibiotic or chemotherapeutic agent is not available for simultaneous application.
These preparations are usually well tolerated. However, if signs of irritation or sensitivity should develop, application should be discontinued. If bacterial infection should develop during the course of therapy, appropriate local or systemic antibiotic therapy should be instituted.
Supplied in 5 Gm. and 20 Gm. tubes.

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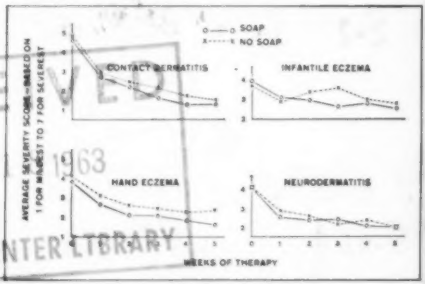
IS SOAP HARMFUL TO ECZEMA OR ISN'T IT?

New clinical evidence shows that the use of a pure, mild soap can be permitted in the management of eczematous conditions!

Up to this time there has been no controlled study which allowed physicians to draw their own conclusions about patients' personal use of toilet soap while under treatment for eczematous conditions. However, a recent study at a large university hospital has determined the role of pure, mild soap in the management of eczema.

250 eczema patients, seen over a period of a year, were used in the test. Four disease groups were studied: neurodermatitis, contact dermatitis, infantile eczema, and eczematous hand dermatitis. All patients were given identical therapy. Within this regimen, there was a single exception: the experimental group used a pure, mild soap for routine bathing and hand washing.* The control group did not use soap for any purpose.

The investigators concluded that no significant difference in rate of recovery existed between the two groups. The charts below tell the story.



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You can now permit the use of Ivory Soap by eczema patients with confidence that Ivory will not aggravate the condition.

REFERENCE: Management of Patients with Eczematous Diseases: J.A.M.A., 173:11, pp. 1196-1198, July (16), 1960.

*Ivory Soap, a product of Procter & Gamble, was used in this study.

IVORY

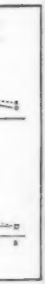
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